The HEALTH *of* MIDDLESEX

1953

The Annual Report

of the

County Medical Officer of Health,

Administrative County of Middlesex

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PREFACE

To the Chairman, Aldermen and Members of the County Council of Middlesex.

Sir, Ladies and Gentlemen,

I have pleasure in presenting my report on the state of the public health in Middlesex during the year 1953. I am glad to be able to record that in nearly all respects this continued to stand at a high level. The Registrar General's estimate of population indicated a slight fall from that calculated for the previous year. This trend is not unwelcome, since a population appreciably in excess of 2,000,000 must be expected to involve an undesirable curtailment of various amenities, *e.g.*, adequate provision of public open spaces, in a county of Middlesex's acreage.

The provisional infant mortality rate equalled the 1952 low record of 21·0 per 1,000 live births while both the provisional crude (9·8) and adjusted (10·3) general death rates per 1,000 population were well below the national figure of 11·4 for England and Wales as a whole. Cancer was responsible for 20 per cent. of all deaths and the preponderance of lung cancer among these deaths, to which reference was made in my report for 1952, continued. Among the preventable causes of death, special mention should be made of those due to violence. There is rightly much public concern about the toll of the roads, and every possible new measure calculated to reduce it is eagerly sought for and adopted. It is insufficiently appreciated that mainly owing to ignorance of elementary precautions, the home has come to be a more dangerous place than the road. In Middlesex during 1953, against 213 deaths due to accidents in which motor vehicles were involved, there were no less than 429 accidental deaths attributable to other causes, of which burns, scalds or falls in the home were much the commonest.

As many as 181 persons died by their own hand ; not many less than the total killed on the road, and more than half as many as those who died of tuberculosis. Such a figure furnishes an all too eloquent comment on the insecurity and stress of modern life. When it is considered that cases of suicide represent no more than a very small fraction of the final results of mental illness, it may be appreciated that figures such as those now quoted must reflect an incidence of mental ill-health in the community which should give rise to grave concern.

With regard to infectious diseases there is little calling for special comment. Four cases of diphtheria were notified but there were no deaths. In three of the cases there was no record of immunisation.

Although no statistically significant change has yet been revealed in the overall figures relating to the incidence of whooping cough, the careful experimental enquiries which have been conducted by the Medical Research Council into the effect of various whooping cough prophylactics have fully demonstrated their value, and it is to be hoped that they will soon be made available free of charge in same way as diphtheria and smallpox antigens.

A gratifying increase was reported in the number of primary vaccinations in infants. There is every reason to believe that this is a result of the County Council's recently adopted policy of offering vaccination at its clinics as well as encouraging patients to seek the services of their family doctors. There is still, however, a long way to go before a satisfactory level of infant vaccination is attained.

The continuing prevalence of dysentry throughout the County, although by no means uniform in distribution, gives rise to some concern. The problem is the more baffling because the incidence appears to show no demonstrable relation to the vigour or otherwise with which local clean food campaigns are conducted. There is reason to believe that the Middlesex experience is general and a planned epidemiological investigation on a very wide basis would seem to be highly desirable.

During the year the North West Metropolitan Regional Hospital Board opened a new chest clinic in the curtilage of Ashford Hospital. There was close consultation with the County Health Department during the planning of the clinic and very satisfactory accommodation has been provided in these up-to-date premises for the Council's tuberculosis services. The provision of the new clinic has at long last enabled the much needed relief of Hounslow chest clinic to take place and immensely improved the tuberculosis services in the South-West of the County.

There was a slight increase in the number of new cases of tuberculosis notified during the year. This was probably attributable to an improvement in the number of early notifications and not to any actual increase in the incidence of the disease. The ideal of the early notification of all cases is, however, still far from being attained. This is clearly shown by the fact that in 15 per cent. of all deaths from tuberculosis in Middlesex during 1953 there had been no previous notification of the disease.

The death-rate from pulmonary tuberculosis continued to improve ; a reduction of 59 on the total deaths in the previous year giving a new low record rate of 0·14 per 1,000 population. It must never be forgotten, however, that tuberculosis is a disease whose outstanding characteristic is its tendency to recurrence and relapse. It follows, therefore, that every case discovered must continue under observation at the chest clinic for many years before it can be pronounced cured. Thus an improving death rate, with its corollary of an increased survivor rate, brings about the somewhat paradoxical result of an increased volume of the work falling upon the chest clinics. This is well shown in the statistical figures which appear in the body of this report.

The continued shortage of health visitors gives me cause for considerable anxiety. Until there is a very great improvement in the position, it is quite impossible to make even a start to implement the full intention of Section 24 of the National Health Service Act. The position is further aggravated by the regular drift of qualified health visitors to better paid posts, *e.g.*, in child care work, where the value of their special nursing knowledge is largely lost.

It cannot be too often nor too widely publicised that under present conditions any nurse who elects to enter the field of preventive medicine is probably doing a great deal more, in the long run, to relieve the general nursing shortage than her sister who sticks to curative work only.

The same line of argument can be applied to the home help service, and a chiropody service for the aged. For different reasons neither of these can be considered to be provided on an adequate scale in Middlesex. I am convinced that one effect of this is that a number of old people have to be maintained, at a very high cost, in institutions or hospitals whereas otherwise they would be enabled to remain, with much less public expense, and with much greater happiness to themselves, in their own homes.

The absence of adequate institutional accommodation for mental deficiency cases continues to cause acute distress to their families and grave anxiety to the County Health Department, but it is understood that both the North West and North East Metroplitan Regional Hospital Boards hope shortly to provide some additional beds which will relieve the position though it is feared only to a small extent.

Also welcome is a development in the co-operation between the Regional Hospital Boards and my department, under which hospitals will notify me as vacancies arise and it will be possible through the department's intimate knowledge of the home circumstances to ensure that the cases selected for admission are those in which the need is the most urgent.

It is, as always, a source of gratification to myself to have an opportunity in this report of paying tribute to the sterling work and *esprit de corps* of the whole County Health staff. In doing so, I would like to make special mention of Mr. A. I. Dabbs and Mr. J. W. Dean, two senior members of the central administrative staff from whom contributions of particular interest appear in the body of the report.

I would also like to refer with appreciation to the outstanding work of Mr. F. W. Hannan, the senior Ambulance Officer and his signal success in bringing the strength of the Civil Defence ambulance service so quickly, and in advance of any other branch of the Civil Defence Corps, up to the approved peace-time establishment. Not only has this been done but a well-planned programme of training and competitive activities has fully maintained the enthusiasm of the personnel and reduced wastage to a minimum.

I am glad to be able to conclude with an expression of my indebtedness to the Chairman and members of the Health Committee for the encouragement of their unfailing sympathy and support.

I have the honour to be,
Your obedient servant,

A. C. T. PERKINS,
County Medical Officer.

CONTENTS

	PAGE
VITAL STATISTICS	
Area	1
Population	1
Births	1
Deaths	1
Infantile mortality	1
Stillbirths	1
Maternal mortality	3
Sickness incidence	3
THE 1951 CENSUS	3
INFECTIOUS DISEASES	7
Diphtheria	7
Whooping Cough	7
Measles	7
Puerperal pyrexia	7
Poliomyelitis	8
Dysentery	8
Food poisoning	9
TUBERCULOSIS	9
VACCINATION	13
VENEREAL DISEASES	13
HEALTH CONTROL OF AIRPORTS	13
CEREBRAL PALSY	14
EPILEPSY	14
BLIND PERSONS	15
NATIONAL HEALTH SERVICE ACTS	
Section 22—Maternal and child health	15
Dental care	16
Section 23—Midwifery	18
Section 24—Health visiting	18
Section 25—Home nursing	19
Section 26—Vaccination and immunisation	19
Section 27—Ambulance service	19
Section 28—Prevention of illness, care and after care	20
Recuperative homes	21
Loan of nursing equipment	21
Health education	21

	PAGE
NATIONAL HEALTH SERVICE ACTS—*continued.*	
Section 29—Domestic help	21
Section 51—Mental health	21
Co-ordination with regional hospital boards	21
Work undertaken in community	
(*a*) Under National Health Service Act	22
(*b*) Under Lunacy and Mental Treatment Acts	22
(*c*) Under Mental Deficiency Acts	22
History of the mental health service in Middlesex	24
CIVIL DEFENCE AMBULANCE SERVICE	26
PUBLIC HEALTH ACT, 1936—NURSING HOMES	27
NURSES ACT—NURSES AGENCIES	27
STUDENT NURSES TRAINING	27
LIAISON WITH HOSPITALS AND GENERAL PRACTITIONERS	27
INSPECTION AND SUPERVISION OF FOOD	
Milk production and distribution	28
Adulteration of food	29
VISITORS	30
APPENDIX	
Staff	31
Statistical tables	33
Modifications to the County Council's schemes under the National Health Service Act:—	
(i) Section 22—Day nurseries	67
(ii) Section 51—Mental health	67
Health Area No. 2—Report of the Area Medical Officer for the year 1953	68
Health Area No. 3—Extracts from Annual Report of Area Medical Officer for the year 1953	75
PUBLICATIONS BY MEMBERS OF THE STAFF	80

SUMMARY OF VITAL STATISTICS RELATING TO THE ADMINISTRATIVE COUNTY OF MIDDLESEX

Area (including inland water)			148,688 acres.
Population 1953			2,259,700
Number of structurally separate dwellings occupied (1951 census)			595,075
Number of private households (1951 census)			703,525
Rateable value (all hereditaments)			£23,010,108
Product of a penny rate, financial year			£94,048
Live births—	Males.	Females.	Total.
Legitimate	14,729	13,930	28,659
Illegitimate	711	623	1,334
Birth-rate per 1,000 home population (crude)			13·3 (England and Wales, 15·5)
do. do. (adjusted)			12·9
Stillbirths			598
Stillbirth rate per 1,000 total births			19·5
Deaths			22,128
Death-rate per 1,000 home population (crude)			9·8 (England and Wales 11·4)
do. do. (adjusted)			10·3
Number of women dying from diseases and accidents of pregnancy and childbirth (includes deaths from abortions):—			
From sepsis			5
From other causes			17
Maternal mortality rate per 1,000 total births			0·72 (England and Wales 0·76)
Infantile mortality rate per 1,000 live births:—			
Legitimate			20·6
Illegitimate			28·5
Total			21·0 (England and Wales 26·8)
Deaths from cancer (all ages)			4,261
Deaths from measles (all ages)			7
Deaths from whooping cough (all ages)			9

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1953.

VITAL STATISTICS

Area.—The County of Middlesex covers approximately 232 square miles. It is comprised of 26 local authorities, none of which is a County Borough although 20 of them are listed by the Registrar General in his tables as " Great Towns."

The greater part of the County is a suburban conurbation though there is a rural outer fringe where the boundaries march with Buckinghamshire and Hertfordshire.

Population.—The continued growth of the population of the County has been watched with some concern both on health and planning grounds and I am therefore pleased to report that the Registrar General's estimate of the Middlesex population (at June, 1953) shows a fall of 10,300 from the corresponding figure for the previous year.

With the exception of Potters Bar the only districts which have increased in population lie to the west of the County. Most of the large boroughs have shown some fall in numbers since last year.

It is to be hoped that this trend may continue until the population falls to about 2,000,000.

Births.—There were 425 fewer live births registered during the year than in 1952 but this is largely accounted for by the fall in population and the crude birth rate remains, as in 1952 at 13·3 per 1,000 population (provisional). The corresponding figure for England and Wales is 15·5. It has been usual for the general figure to be higher than that of Middlesex and indeed if the Middlesex rate is adjusted to take into account the proportion of females of child bearing ages in the population the difference is yet greater (Middlesex 12·9; England and Wales 15·5).

Table 2 in the Appendix shows the local trends in the birth rate contrasted with the national experience over the past few years.

Birth rates by administrative areas and by sanitary districts are set out in Tables 3 and 4.

Deaths.—The crude death rate for the County in 1953 was 9·8 per 1,000 population a fall of 0·1 as compared with the previous year. When this figure is adjusted to make it comparable, so far as the age and sex structure of the population is concerned, with the national figure, the County rate for this purpose is 10·3 as against 11·4 for England and Wales as a whole.

Diseases of the heart and other diseases of the circulatory system accounted for 46 per cent. of all deaths and nearly 1 in 4 of these were in persons under the age of 65 years. There is need to know more clearly than we now do much more about the causation of these diseases.

Deaths from cancer formed 20 per cent. of all deaths. One in 5 of these deaths were ascribed to lung cancer and 85 per cent. of these were in males. The evidence that smoking, especially heavy cigarette smoking, is closely connected with this high incidence continues to accumulate.

Respiratory diseases, chiefly pneumonia and bronchitis, accounted for 15 per cent. of deaths. Most of these were in the elderly, 45 per cent. in persons of 75 years or more, but pneumonia accounted for 109 deaths in children under one year.

There were 213 deaths as a result of motor vehicle accidents. These deaths are fairly evenly distributed in all age groups. This figure is slightly larger than in 1952 (192) but is smaller than that for 1950 and 1951.

The total of deaths attributable to other accidents of any kind amounted to 429. Although exact figures are not available it is known that a very large proportion of these accidents took place in the home. A careful investigation and analysis of all causes of accidental death on a national scale might well be undertaken with a view to launching an educational campaign comparable to that for road safety.

A sad commentary on the stress of modern conditions of life is provided by the suicide figures. No less than 181 persons ended their lives by their own hands, not many less than the victims of road accidents, about which there is rightly, so much public concern.

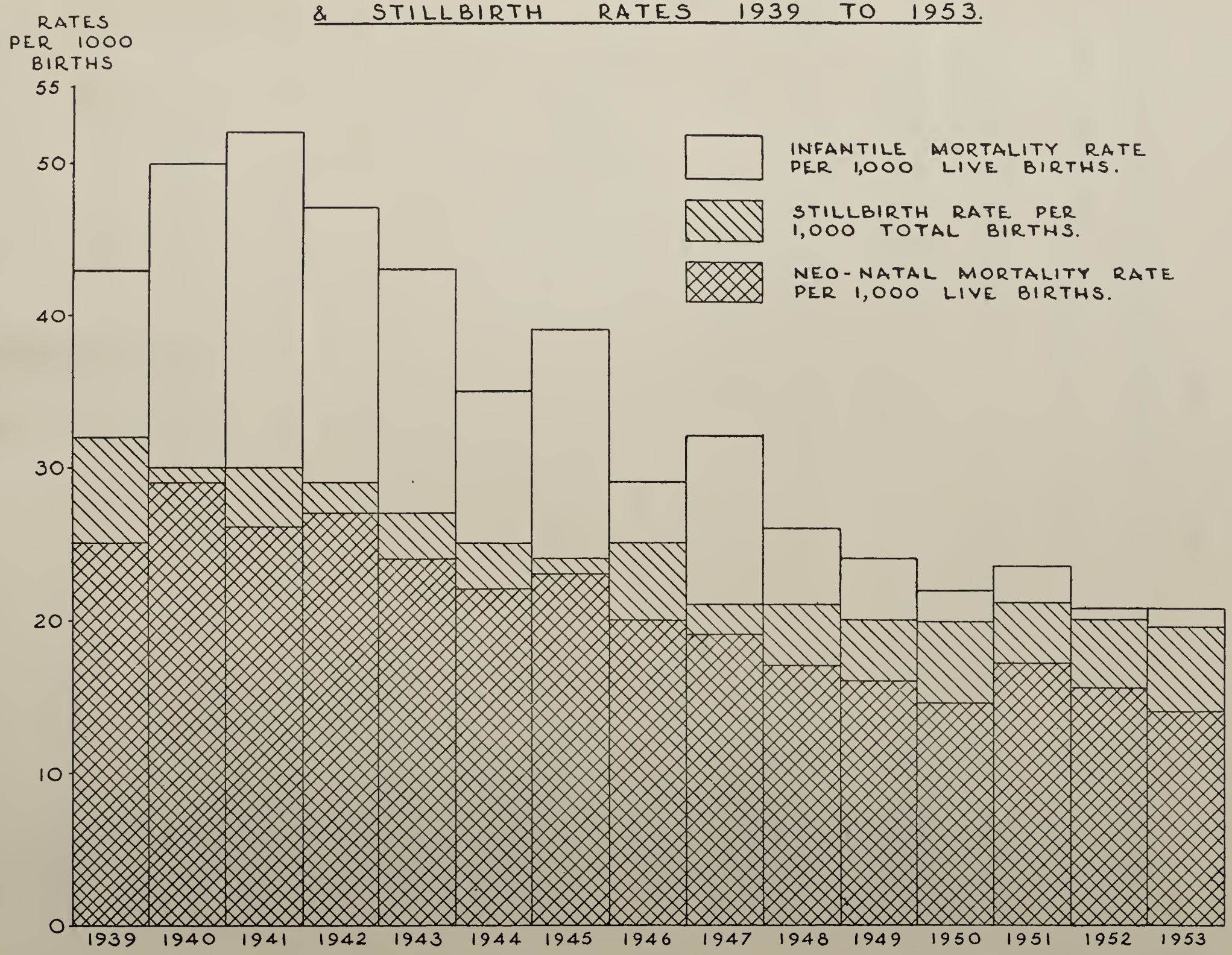
Infantile Mortality.—There were 629 deaths in children under one year of age giving an infant death rate of 21·0 per 1,000 live births; this figure is the same as for 1952 which was a new low record but the general rate for England and Wales is 27.

Table 6 on page 39 sets out the mortality rates in infants in the County since 1940 as compared with London and England and Wales.

The rates for administrative areas and sanitary districts are to be found in Tables 3 and 4.

Stillbirths.—The stillbirth rate per 1,000 total births was 19·5 in 1953 (19·9 in 1952) as compared with a rate of 22·4 for England and Wales.

INFANTILE & NEO-NATAL MORTALITY & STILLBIRTH RATES 1939 TO 1953.



Maternal Mortality.—There were 22 deaths ascribed to pregnancy, childbirth or abortion during the year, an increase of five on those registered for each of the two previous years. The numbers are too small for any conclusions to be drawn from this increase.

Sickness Incidence.—The Chief Medical Officer of the Ministry of National Insurance very kindly gives information of the number of persons to whom medical certificates are issued in connection with sickness benefit claims. Statistics of mortality are well established but indices of morbidity are scarce, excepting those relating to infectious disease, and so those figures which give some indication of the general health of the population during the year are most welcome.

The first quarter of the year showed a high sickness incidence, 147,084 as compared with 107,655 in 1952. This had been preceded by a rise in the last quarter of 1952 associated with severe fogs. There was nothing remarkable about the other quarters.

Table 8 on page 40 shows a table of comparisons over the past three years.

THE 1951 CENSUS.

The second "County Report" produced by the General Register Office of the 1951 Census dealt with Middlesex, and the following abstract of the report has been prepared by Mr. J. W. Dean, who is responsible for the general control of the statistical work of the Department. The County Report, which is obtainable from H.M. Stationery Office at a cost of 20*s*., is well worth reading *in extenso*, but Mr. Dean's abstract gives an excellent resumé of the present social structure of the County and of some of the significant changes which have occurred during the 20 years intercensal period.

Population.—The total population enumerated in the County at the 1951 census was 2,269,315, a net gain of 630,000 over the 20-year period since the census of 1931, and represents an increase of 38·5 per cent., the bulk of which occurred before the war.

If this is compared with the 30·8 per cent. increase over the preceding 10-year period 1921–31, it is evident that there has been a substantial decline in the rate of increase during the 1931–51 period as a whole. It may be that the peak population has already been reached and that in future a downward trend will emerge.

The increase did not occur uniformly over the whole County and the greatest gains occurred on the periphery of the County. The principal percentage increases which occurred since 1931 were in the groups comprising Harrow, Ruislip–Northwood, Uxbridge (138 per cent.), Feltham, Staines, Sunbury-on-Thames and Yiewsley and West Drayton (101 per cent.), Enfield and Potters Bar (74 per cent.), Ealing, Hendon, Heston and Isleworth, Southall, Twickenham and Wembley (51 per cent.). Losses are shown in the groups comprising Finchley, Hornsey, Tottenham and Wood Green (5 per cent.) and in Acton, Brentford and Chiswick and Willesden (4 per cent.).

It is evident therefore that there has been a tendency for people to leave the more crowded districts nearer to the centre of London to live in outlying areas.

The dominant factor in the population changes is migration, which accounts for almost two-thirds of the net increase and the remaining one-third results from natural increase, *i.e.*, an excess of live births over deaths.

The excess amounting to 5·8 per 1,000 is exaggerated by the large progressive population increase since 1931 and is in spite of the slightly lower birth rate in Middlesex (an average of 15·9 per 1,000 against 16·5 in England and Wales) and arises as a result of a lower mean annual death rate of 10·1 per 1,000 compared with 12·3 in the country as a whole.

Dwellings.—The dwellings occupied by private households and those vacant numbered 603,831, representing an increase of 244,764 (68 per cent.) over that of 1931. The number of new houses erected during the 1931–51 period was approximately 250,000, the bulk of which were built before the war. The net change in the number of dwellings compared with new houses built is relatively small, but may be appreciable, particularly in the areas near to London, on account of war-time destruction, demolition of sub-standard properties, conversion of large properties into flats and of dwellings for other uses.

Of the 603,831 dwellings counted, 8,756, or 1 in 69, were unoccupied. The proportion is half that of 1931.

Since 1931 the proportion of dwellings with six or more rooms has fallen by nearly one half, largely in favour of houses with four to five rooms. This experience is similar to that of London, but there the demand has changed to units containing one to three rooms, which probably resulted in the conversion of large premises and in new building being concentrated more on flats than on houses as occurred in Middlesex.

The size of Middlesex dwellings conforms to the pattern of the country as a whole, although there is a slightly greater proportion of larger houses.

In 1951, 85 per cent. of the dwellings were occupied by one household only, compared with 80 per cent. in 1931, but the average number of rooms occupied per household has fallen from 4·6 to 4·2. The proportion of households in Middlesex sharing dwellings is nearly twice that of the country as a whole. Almost three-quarters of the dwellings occupied by more than one household contain six rooms or more and more than three-quarters of these households occupy three rooms or fewer.

Private Households.—Nearly 4 in every 10 households are composed of one or two persons which is very similar to the position for the whole country. Since 1931 the number of households has increased by 63 per cent. and now total 703,525. During the same time the population in private households rose by 41 per cent. and it follows that the average number of persons in every household has fallen from 3·66 in 1931 to 3·15.

There are now two-and-a-half times as many households of one person and twice as many of two persons as in 1931. Households of three, four and five persons have also increased, but not to the same extent, but those of six or more have decreased. These changes reflect the smaller sized families now in existence throughout the country generally.

The number of persons per room has increased for households of more than one person, although there is an overall reduction in the density of occupation which is accounted for by the transfer of population from households of larger sizes housed at higher densities to smaller households. Densities are much higher where households share a dwelling than where one is exclusively used by one household.

Since 1931 there has been an increase in the proportion of households which have one or two rooms more than the number of persons and a decrease in those with two or more persons in excess of rooms and also those with four or more rooms in excess of persons.

The general impression gained is that during the 20 years there has been a more equal distribution of population between the available accommodation, but that despite the additional building, which was drastically curtailed during the war years, a great number of additional houses and flats are needed in order to provide the basis for the higher living standard which one would have expected to have evolved during two decades.

It is obvious that a large number of dwellings which were originally built to accommodate one family are now housing more. Some may have been properly converted to their new role, but it is probably fair to say that many have not, which leads one to speculate on the qualitative aspect on some of the additional accommodation which is now in existence.

Household arrangements.—A little light is thrown upon this aspect from information derived from the householders' replies which show to what extent households have access to facilities such as piped water, cooking stove, kitchen sink, water closet and fixed bath in their dwellings and whether they share them with other households, rather than whether and in what numbers dwellings contain these facilities. The difference in these two concepts is especially significant where dwellings are shared, inasmuch that there is an important distinction between facilities used exclusively by one household and those shared by more than one.

As this is the first occasion these questions have been asked, it is not possible to make a comparison with previous periods and the answers reveal inconsistency in the interpretation by the householder and it is suggested that the data should be used only to obtain a broad picture.

It shows that 62 per cent. of all private households in the County have exclusive use of all five facilities and that a further 12 per cent. have all except for a fixed bath. For households in exclusive occupation of their dwellings, 82 per cent. have all facilities, whilst of those living in shared dwellings only 11 per cent. have the exclusive use of all such arrangements.

This gives some indication of the extent to which such domestic equipment is shared with other households and illustrates the necessity of distinguishing between shared and unshared dwellings when making a qualitative assessment of housing conditions

Piped Water.—Four-fifths of the households had the exclusive use of a piped water supply. Practically all the remaining 21 per cent. shared with another household. This compares with 31 per cent. for London and 17 per cent. for England and Wales.

The incidence of sharing piped water (as well as dwellings) in the boroughs bordering on London is about double that of the districts most remote from London.

Cooking stove.—It seems incredible to find that there were 7,139 households, some containing six or more persons, who were entirely without a cooking stove. These are mainly in the boroughs adjacent to London and formed 1·5 per cent. or more of households in these districts. 7 per cent. of households did not have the exclusive use of a cooking stove and most of these lived in shared dwellings and share also the stove. An appreciable number of households of one or two rooms had cooking arrangements which did not conform to the census definition of a stove.

Kitchin Sink.—11 per cent. of Middlesex households share a kitchen sink, but this proportion is lower than that for London and for the country as a whole (16 and 13 per cent. respectively). More than 20,000 households have no access to a kitchen sink at all and many share with another household. Nearly half the houscholds sharing kitchen sinks are in the older districts nearer to London where the majority occupy shared dwellings.

Water Closet.—Three of every 1,000 households are entirely without access to a water closet and 18 per cent. share with another household. The proportion sharing compares with 21 per cent. for England and Wales and 36 per cent. for London. The relatively high proportion for London reflects the comparatively large number of households occupying dwellings which have not been adequately converted and contrasts with the smaller proportion of shared dwellings and the large number of houses built for and occupied by one household in Middlesex.

Fixed bath.—35 per cent. of households were recorded as being without exclusive use of a fixed bath as compared with 45 and 62 per cent. for the whole country and London respectively. There

is a larger proportion of dwellings in London containing one household which are without a fixed bath, which largely accounts for the difference between Middlesex and London.

In England and Wales 83 per cent. of households without the exclusive use of a fixed bath were recorded as being entirely without such arrangements. This compares with less than 50 per cent. for Middlesex.

More than two-thirds of all households without the sole use of a fixed bath were in shared dwellings. 84 per cent. of all households in shared dwellings were similarly placed.

There were comparatively wide variations between areas in the relative numbers of households which shared a bath as distinct from those entirely without and it appears that there is some correlation with social class and the varying customs of the different areas.

As with all the other facilities, these are lacking mostly in the older districts nearer London where it was the exception rather than the rule for dwellings to include a bathroom.

Heads of private households.—A new census tabulation concerning heads of private households shows that approximately 79 per cent. are married, 14 per cent. are widowed or divorced and 7 per cent. are single.

Almost 10 per cent. of the 703,525 private households are composed of one person and of those over half are aged 60 or over and number 36,332, of whom more than 28,000 are females.

District variation in housing.—Although for the County as a whole there was a 68 per cent. increase in the number of dwellings, it was not distributed evenly. Relatively fewer dwellings have been erected since 1931 in those districts which are close to London and the older buildings tend to be of a larger size and also to be shared to a much greater extent than in the districts more remote from London.

The greatest increases have taken place in the more rural districts in the western part of the County. There have also been large increases in the districts of Potters Bar, Harrow, Wembley and Enfield. The greatest gain in the number of dwellings occurred in Ruislip–Northwood where they have increased from 4,000 in 1931 to 20,000 in 1951. The smallest increase has been in Tottenham where only 1,676 additional houses and flats have been provided during the past 20 years. The density of occupation in this district is one of the highest in the County.

Non-private households and institutions.—At the time of the 1951 census almost 50,000 persons were living in hotels, boarding houses, schools, hospitals and institutions. Owing to changes in definition, it is not possible to make a valid comparison with the position when the 1931 census was taken.

There were 16,835 persons in civilian hospitals and nursing homes, which form the largest group of persons enumerated in non-private households, *i.e.*, 34 per cent. 7,480 were living in hotels, boarding houses, &c., 7,191 were at defence establishments and 449 were counted in places of detention. When the population residing at hotels, boarding houses and schools (other than approved schools) are excluded, it is found that 28,000 persons were accommodated in 387 institutions and special premises, of which 21,000 were inmates and 7,000 were staff. Of the inmates, 12,000 were females and 9,000 were males.

A preponderance of females occurred in most types of institution, but was marked in those for the aged and infirm, mentally ill or mentally deficient, crippled and blind.

A greater number of males were found at children's homes and hostels, approved schools and remand homes, prisons and borstal institutions and police stations.

The ratio of staff to patients for all institutions and special premises is 1 : 3; for hospitals maintained under the National Health Service and Ministry of Pensions 1 : 2·22; other civilian hospitals and nursing homes 1 : 1·9.

Of the 7,480 persons living in hotels and boarding houses, 4,241 were accommodated in 347 hotels, &c., having a total of 10 or more rooms. The majority of these hotels and boarding houses in the County contain fewer than 15 rooms. On average three guests were recorded for each member of the staff. The greater number of the guests were permanent.

Birthplace and Nationality.—Of the total County population, only 34 per cent. were born in Middlesex. 30 per cent. originated in London and 25 per cent. were born in other parts of England and their birthplaces were fairly evenly distributed.

A further 7 per cent. were natives of Wales, Scotland, Northern Ireland, the Irish Republic, the Isle of Man and the Channel Islands.

The remaining 4 per cent. were born abroad in the Commonwealth, Colonies and foreign countries. Of the 99,724 persons (45,289 males and 54,435 females) who were born abroad, only 2,968 were visitors—the remainder had taken up permanent residence in this country.

The number of persons counted at the 1951 census who were born outside the United Kingdom, Islands of the British seas and the Irish Republic (including birthplace not stated) formed 4·4 per cent. of the total County population and was more than double those at the 1931 census who formed 2·7 per cent. of the total population.

The corresponding percentages for England and Wales are 1·7 (1931) and 2·9 (1951)

Age of Population.—The adult population of Middlesex is younger than it would have otherwise been and also younger than that of England and Wales by reason of the large number of young adults and middle aged persons and their families who migrated to Middlesex during the 20 intercensal years.

Despite the effect of this movement, there is a slight decrease in the proportion of those in the working age group from 71·5 per cent. in 1931 to 69·2 per cent. in 1951. The 2·3 per cent. decrease in Middlesex is greater than that for the whole country (1·9) where the percentage of the population who are of working age is 66·9 in 1951 against 68·8 in 1931.

If this group (15 to 64) is sub-divided, there is evidence that the population of Middlesex is ageing inasmuch that compared with 1931 there were 9·1 per cent. fewer persons in the 15–34 age group and 6·8 per cent. more in the 35–64 are group. As regards those aged 65 and over, there are now 10·1 per cent. in Middlesex compared with 6·5 in 1931 and with 10·9 per cent. (1951) for England and Wales. The percentage of those over 65 years range from 5·8 in Hayes and Harlington to 14·8 in Southgate. A high proportion of persons over 65 reside in a compact district comprising Hornsey (12·8), Finchley (12·5), Wood Green (12·3), Friern Barnet (11·6) and Tottenham (11·0).

There was a slightly smaller proportion of children under 15 years of age in 1951 (20·7 per cent.) than in 1931 (22·0 per cent.). The comparative percentages for England and Wales are 22·2 (1951) and 23·8 (1931).

Sex Ratio.—The sex ratio continues to narrow and is now 1,126 females to 1,000 males compared with 1,166 in 1921 and 1,132 in 1931. There are relatively more females in Middlesex and in other parts of Greater London than in the country generally, where the ratio is 1,000 males to 1,085 females.

Although the overall ratio has narrowed, there is markedly high ratio at the marriageable age, which is partly due to the fact that the relatively large number of National Service men originating in Middlesex, few are carrying out their training within the County.

Marital Condition.—The known tendency for people to marry at an earlier age than hitherto is confirmed by the tables of the census dealing with this aspect. It is shown that in 1951 at age 20–24 in Middlesex 210 males in 1,000 were married compared with 139 in 1931. For females the ratio per 1,000 was 431 compared with 247 in 1931.

Two-thirds of the population aged 15 and over are married, but because of the general preponderance of females, their proportion is lower.

Due to the higher mortality rates of males, there were 37 widowed men per 1,000 men aged 15 and over compared with 121 for women.

7·9 in every 1,000 persons over the age of 15 years were found to be divorced in 1951 compared with 1·5 per 1,000 twenty years previously. The proportion of divorced people in Middlesex is almost one-third greater than that for England and Wales.

In Middlesex there were relatively more married males and fewer single men over 15 than for the whole country, but the proportions for women are about the same.

Education.—For various reasons, not as much information can be derived from the questions concerning education as was hoped and as one question was not asked in the 1931 census and the other question had never previously been put, satisfactory comparison cannot always be made. It is nevertheless clear that the children of 1951 stayed at school for a longer period after reaching the statutory leaving age than they did in 1921.

The results show that 26 per cent. of Middlesex children at age 16 were receiving full-time education and more than 13 per cent. at age 17. This compares with 18 and 10 per cent respectively for the country generally.

From the age of 17 to 24 a higher proportion of males than females were receiving full time education. This probably reflects the relatively higher provision and opportunity of all kinds for higher education which is available in Greater London.

The question concerning the varying amounts of full-time education received relates only to that part of the population which was " gainfully occupied ". Comparatively large sections of the total population were excluded from this section, *e.g.*, housewives, retired persons and young adults whose full-time education had not yet terminted, and care needs to be exercised in interpreting the tabulations.

The indications are that 67 per cent. of males and 59 per cent. of females in the occupied population had left school before attaining the age of 15 years. In contrast to this, 10 per cent. of males and 12 per cent. of females had still been receiving full time education at 17 years of age.

In the district council areas with 50,000 or more population it is found that the residential areas of Southgate, Finchley, Hendon, Wembley, Ruislip–Northwood and Harrow contain the highest proportion of persons at ages 15 to 19 still receiving full-time education and whose occupied population also had the highest terminal leaving age.

Part of the variation may reflect the location of educational establishments and the choice of the area of residence.

Social Class.—A classification has been made of the gainful occupations of the male population in order to produce a social class analysis which is so often necessary when enquiring into social conditions. There are five classes which range from professional (class I) to unskilled (class V) occupations.

It is shown that there is a significantly higher proportion of persons engaged in (or retired from) the occupations covered by classes I to III in Middlesex than for the country generally. A similar position obtains over Greater London as a whole.

The virtual absence of persons employed on the land or underground as miners accounts for the comparatively small proportion allocated to class IV—partly skilled occupations.

The districts with a large percentage of the population in class I occupations are Southgate (8·9), Ruislip–Northwood (8·6), Finchley (8·5), Hendon (7·7), Potters Bar (7·2), Harrow and Twickenham (both 7·1), Hornsey (6·3), Wembley (6·2), Friern Barnet (6·1) and Sunbury (6·0).

At the other end of the scale there are districts with a high percentage in class V, *e.g.*, Yiewsley and West Drayton (15·6), Feltham (14·6), Tottenham and Southall (both 14·3), Edmonton (13·3) and Willesden (13·2).

INFECTIOUS DISEASES

(including Prophylaxis)

Diphtheria.—There were four cases of diphtheria notified as against two in 1952; happily, there were no deaths from this cause. Two of the cases were in adults and two in children one of whom had not been immunised.

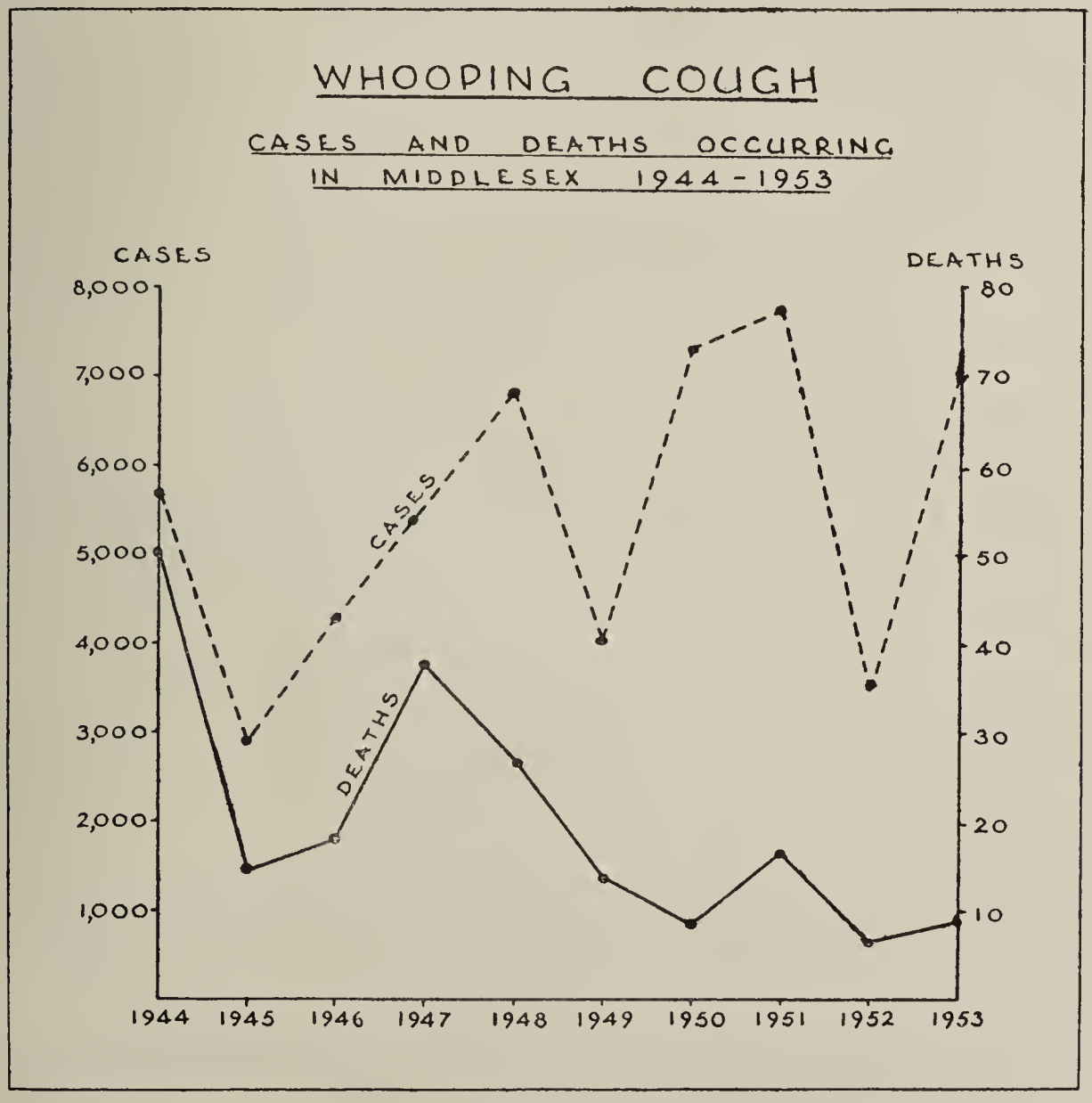
Table 12 on page 43 records the dramatic decline in diphtheria during the past decade or so.

Immunisation.—There was a small increase (396) in the total number of children under 15 years of age who were reported as completing a primary course of inoculation during 1953 as compared with the previous year. Slightly fewer children (271 less) were given re-inforcing injections. There is reason to think the degree of immunity in the adult population is less than formerly; a point which underlines the importance of re-inforcing injections.

Tables 13 and 14 show the numbers and percentages of children immunised throughout the County.

Whooping Cough.—There were 6,915 cases of whooping cough notified during the year; this is about twice the number as for 1952, and there were nine deaths, of which seven were in children under one year, compared with four in 1952.

There has been a definite trend to a lowering of mortality from whooping cough in recent years but as yet the effect of the large numbers of children immunised against the disease has not been demonstrable in the morbidity statistics.



Measles.—The number of cases of measles notified rose from 18,840 (with two deaths) in 1952 to 27,897 (with seven deaths) in 1953.

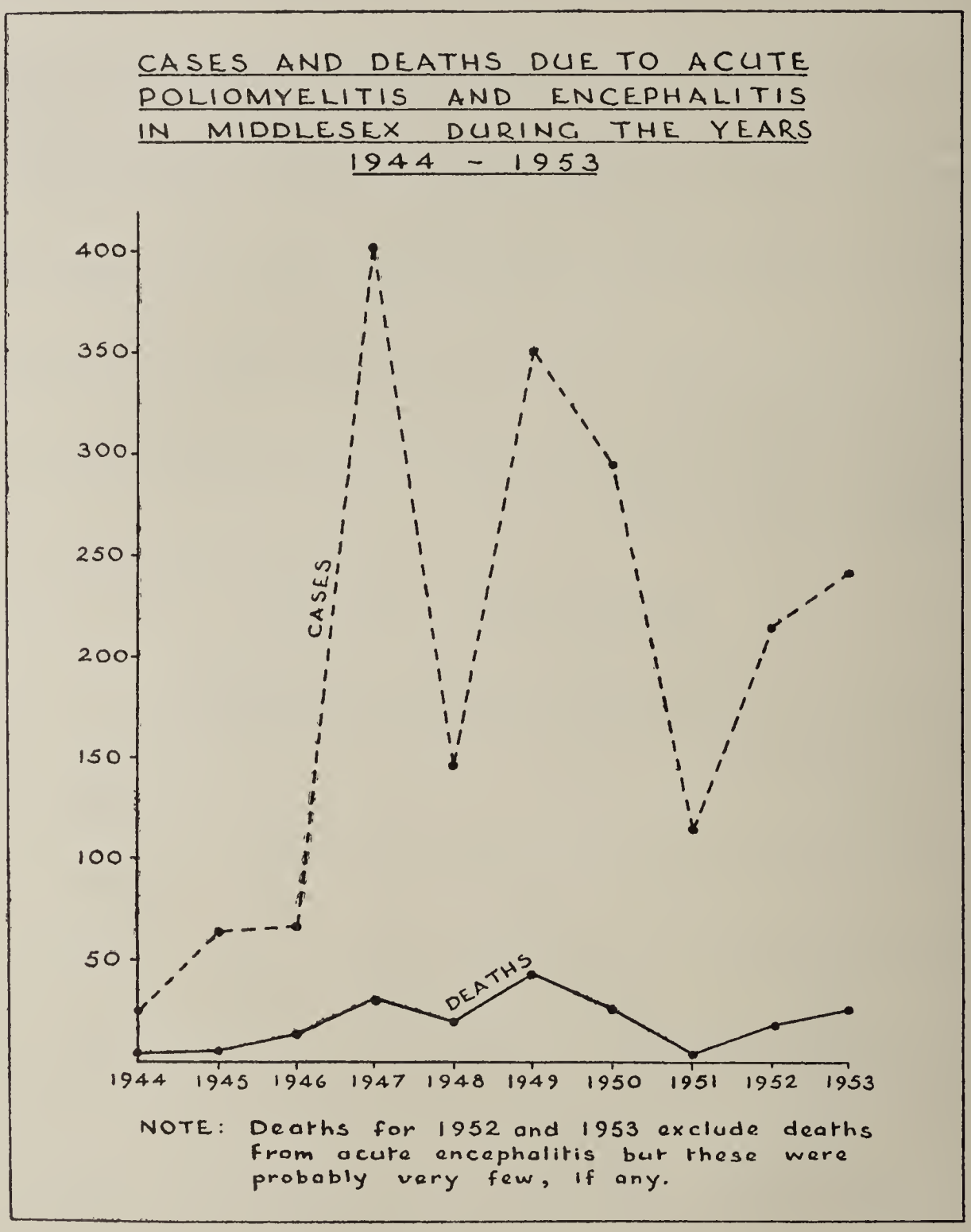
Puerperal Pyrexia.—Notifications of puerperal pyrexia have increased steadily since the new regulations came into effect on 1st August, 1951; the number of cases notified in 1953 was 918 which was an increase of nearly a quarter on the corresponding figure for 1952. There is, however, no reason

to believe that this reflects any real increase in puerperal morbidity but can still be attributed to increasingly general appreciation of the requirements of the new regulations.

Acute Poliomyelitis and Polioencephalitis.—There were 239 notified cases of acute poliomyelitis or polioencephalitis which was 22 more than in 1952. There were 27 deaths from poliomyelitis as compared with 18 in the previous year.

So far as incidence is concerned this year is fairly typical of the experience we have had since 1947 when a widespread epidemic helped to distribute the virus widely in the community with the result that the number of cases reported each year since has exceeded the numbers reported before that year.

The fatality rate was higher in 1953 than is the rule; a higher proportion of the cases being of the dangerous bulbar type.



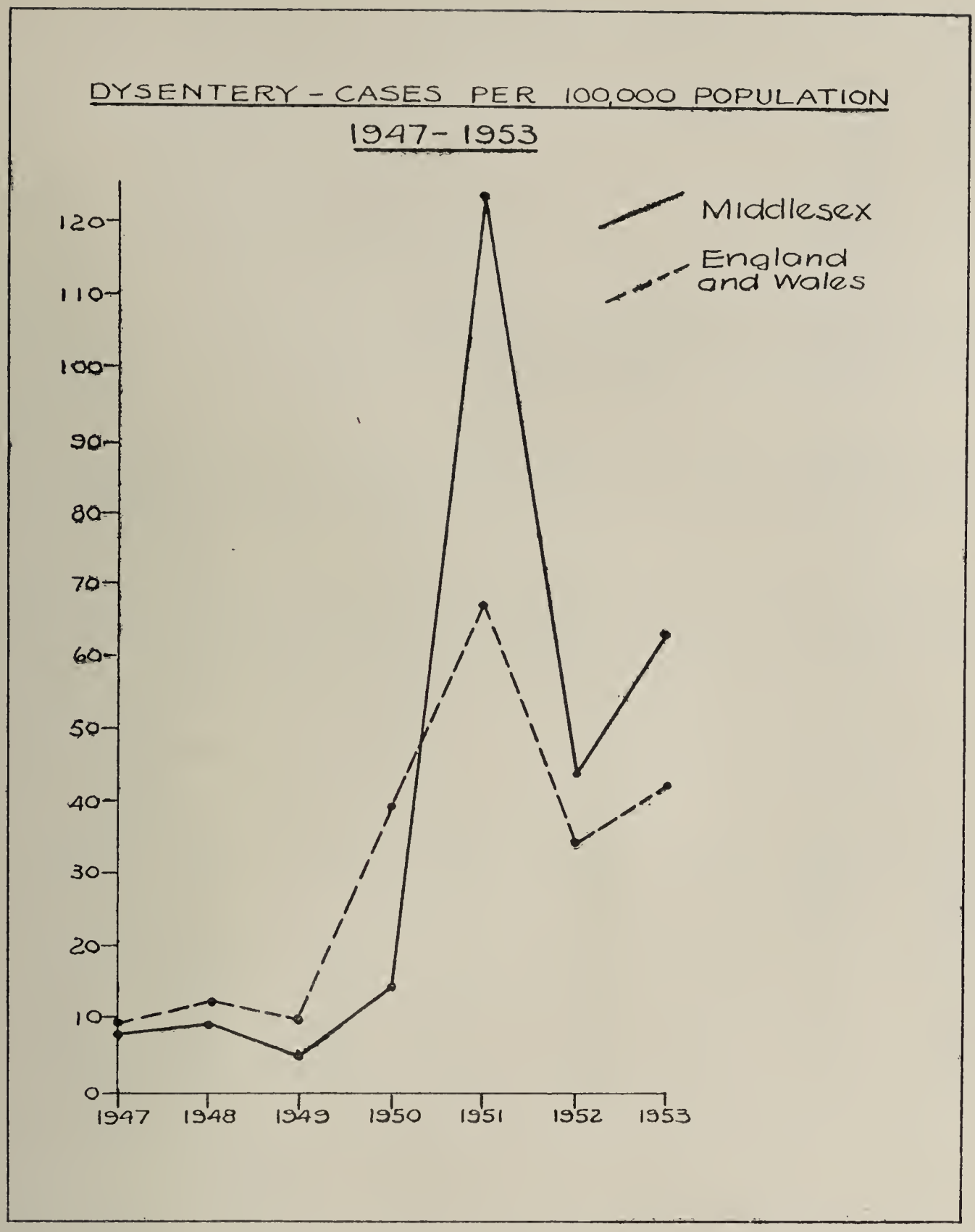
Dysentery.—

The dramatic spread of dysentry in the last few years is shown in the graph on page 9.

Without warning the case rate (per 100,000 population) shot from an average figure of about 10 for the past three years, to 123·7 in 1951. It is interesting to see that the rate for England and Wales had risen sharply the year before.

In 1951 some districts in the western part of the County had low rates, *e.g.*, Feltham 4·4, Ruislip–Northwood 7·2 and Uxbridge 14·5 whereas Edmonton and Enfield on the eastern borders had rates of 639·9 and 233·8 respectively.

In 1952 there was a sharp drop in the County rate to 42·2 and a rise in 1953 to 62·6. Districts which suffer heavily one year may have a very low incidence the next. The erratic behaviour of this disease as shown seems to be unaffected by clean food campaigns and for its effective control we need to know a great deal more about its epidemiology. Fortunately the disease which is mainly of the Sonné strain remains very mild for the actual number of cases is vastly greater than the number reported.



Food Poisoning.—The case rate (per 100,000 population) for cases of food poisoning has risen slowly but steadily from 10 in 1950 to 16·5 in 1953. It is disappointing not to be able to report a fall in the incidence although the number of cases is not great.

TUBERCULOSIS

During the year the North West Metropolitan Regional Hospital Board improved the chest clinic facilities in Middlesex by providing a new chest clinic at Ashford and also an extension to Ealing chest clinic.

The Ashford clinic is a new building situated in the grounds of Ashford Hospital. It provides adequate accommodation for the comprehensive services now available in modern chest clinics. It was opened on the 16th November and serves the south west area of Middlesex including Feltham, Staines, Sunbury-on-Thames and parts of the Borough of Twickenham. This additional unit was much needed in this area as Hounslow chest clinic has for many years served a total population of over 350,000 which is considerably greater than a single chest clinic can deal with satisfactorily.

The extension to Ealing clinic was completed towards the end of the year. This provided new accommodation for the X-ray department and additional consulting rooms, and relieved much overcrowding in the old building which was in fact the first *ad hoc* tuberculosis dispensary built by the County Council in 1914.

Total attendances at chest clinics have increased considerably during the past six years. The number of attendances during the year at all chest clinics in Middlesex was 254,514, an increase of 60 per cent. over the attendances in 1948, and this gives some measure of the growth of the chest clinic service and an indication of the need for larger premises.

PULMONARY TUBERCULOSIS NOTIFICATION AND DEATH RATES IN MIDDLESEX

1914 – 1953

Notification rate per 1,000 population
Death rate per 1,000 population

Rate per 1,000 population

2·0 1·9 1·8 1·7 1·6 1·5 1·4 1·3 1·2 1·1 1·0 0·9 0·8 0·7 0·6 0·5 0·4 0·3 0·2 0·1 0

1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953

The Council's arrangements under Section 28 of the National Health Service Act for the prevention of tuberculosis and for the care and after-care of persons suffering from the disease continued throughout the year with very little change. The following staff are employed at the 10 chest clinics in Middlesex and are engaged whole-time in the Council's anti-tuberculosis scheme:—

Tuberculosis visitors	43
Welfare officers and assistants	17
Occupational therapists	3
Handicraft instructors	2
Clerical staff in welfare departments	16

In addition to the above staff the Council's rehabilitation and sheltered workshop in the Tottenham area which employs up to 52 journeymen cabinet makers is in charge of Mr. Osment, the supervisor instructor. The Council's hostel for homeless tuberculous men which has accommodation for 16 men is managed by Mr. Large, the warden-in-charge, together with the necessary domestic staff.

Full details of the work of the Council's staff in chest clinics and the scope of their duties, together with the facilities provided by the County Council appeared in my annual report for 1952 which reviewed and surveyed the service during the five-year period since the introduction of the National Health Service Act in July, 1948.

Notifications.—The number of primary notifications of persons suffering from pulmonary tuberculosis during the year was 2,264—an increase of 56 cases over the previous year. The majority of new patients were again in the age group 15 to 44 years, although there is quite a significant shift in the number of new cases to the older age groups as shown in the following table:—

Year.	Notifications of persons age 15–44.				Notifications of persons age 45–65.			
	Males.	Females.	Total.	Percentage of all notifications.	Males.	Females.	Total.	Percentage of all notifications.
1948	987	1,001	1,988	70	319	111	420	15
1949	985	900	1,885	69	370	106	476	17
1950	822	860	1,682	68	361	129	490	20
1951	830	760	1,590	66	376	100	476	20
1952	712	745	1,457	66	355	110	465	21
1953	700	764	1,464	65	390	109	499	22

Deaths.—There were 327 deaths from pulmonary tuberculosis during the year, a reduction of 59 from the previous year, giving a new low record death rate of 0·14 per 1,000 of the population. While this in itself is a good sign it should not be forgotten that the death rate from tuberculosis has been falling steadily over the past 50 years. The more rapid decline in recent years could be attributed to earlier diagnosis and more effective treatment during the treatable stage of this illness. Nevertheless, recurrence and relapse remain peculiar features of this chronic infectious disease, and so more than ever before, with the increase in the tuberculous sub-populace, there is need to maintain and improve upon existing methods of control.

In the light of better facilities for diagnosis and treatment in recent years it is interesting to examine mortality and morbidity rates. The following table shows the trend since 1948:—

Year.	Primary notifications.				Deaths.			
	Males.	Females.	Total.	Rate per 1,000 population.	Males.	Females.	Total.	Rate per 1,000 population.
1948	1,527	1,301	2,828	1·25	493	297	790	0·34
1949	1,588	1,158	2,746	1·21	486	279	765	0·34
1950	1,378	1,099	2,477	1·08	370	197	567	0·25
1951	1,416	1,000	2,416	1·07	331	197	528	0·23
1952	1,251	957	2,208	0·97	252	134	386	0·17
1953	1,284	980	2,264	1·00	222	105	327	0·14

Although the death rate has fallen more steeply in recent years there is also quite a significant reduction in morbidity, and examined together the result can be viewed with some optimism. However, one important effect of the marked fall in mortality is a steady increase in the number of cases that remain on the chest clinic registers.

In Middlesex at the end of the year there were 20,402 cases on the clinic registers, an increase of 33 per cent. over the figure for 1948.

This gives some indication of the growth and extension of the service. The following table shows the increase each year since 1948:—

Year.	No. of cases on chest clinic registers.	Increase over previous year.	
		No.	Percentage.
1949	16,485	1,132	7·4
1950	17,331	846	5·1
1951	18,241	910	5·3
1952	19,349	1,108	6·1
1953	20,402	1,053	5·4

It will be appreciated that this position places additional burden on the preventive services in order to ensure that measures in controlling spread of infection from known potential sources of infection are maintained at a high standard. The fact that there is a fall in morbidity, in the face of intensive search for new cases by mass radiography, tuberculin surveys, and greater use of chest clinic facilities by general practitioners, together with an increase in the number of contacts examined permits an optimistic outlook towards keeping the problem under control and possibly eliminating the disease as a major public health problem in the course of the next ten years.

Incomplete notification is still one of the difficulties that must be overcome. It prevents the early examination and investigation of contacts and delays the education of the patient in simple hygienic measures so essential in eliminating spread of infection. During the year the number of posthumous notifications in the county was 10, and the number of deaths from pulmonary tuberculosis not previously notified was 40. These figures amount to 15 per cent. of all deaths in the county from pulmonary tuberculosis.

During the year 11,194 new contacts attended the chest clinics for investigation for the first time and this is an increase of nearly 1,600 on the previous year. 2·1 per cent. were found to be suffering from active tuberculosis. The following table shows the total number of persons examined for the first time and also the number of new contacts examined during the period 1949–53:—

Year.	Total persons (including new contacts) examined for the first time.			New contacts examined		
	Number.	Number found tuberculous.	Percentage found tuberculous.	Number.	Number found tuberculous.	Percentage found tuberculous.
1949	27,584	2,651	9·6	8,399	266	3·2
1950	34,159	2,355	6·9	8,894	213	2·4
1951	40,622	2,276	5·6	9,915	291	2·9
1952	38,695	2,390	6·2	9,597	207	2·2
1953	43,747	2,504	5·7	11,194	231	2·1

The number in both groups found to be tuberculous show the value of (*a*) having adequate facilities at chest clinics which encourage general practitioners to refer their patients with early symptoms of chest trouble for X-ray examination and (*b*) contacts of known cases being advised to attend for investigation as soon as possible. These two groups together provide an important source of finding the unknown early cases and taken together produce approximately 20 times the number found by mass X-ray examination of the general population.

Vaccination against tuberculosis with B.C.G. vaccine is still restricted to contacts of known cases. During the year the number vaccinated was 1,585. Towards the end of the year Ministry

of Health Circular 22/53 was issued, and this indicated that the Minister was prepared to approve an extension of arrangements for vaccination with B.C.G. of older school children, and this matter is now under consideration. Whatever course the future programme of vaccination against tuberculosis will take, the basis of elimination and control of the disease must be directed towards the search for unknown infective cases and their segregation while undergoing treatment, combined with the education of all patients to practice the simple rules of hygiene that render them reasonably safe members of the community.

Rehabilitation.—The number of patients maintained by the County Council during the year at tuberculosis colonies was as follows:—

Enham–Alamein...	14
Papworth	17
Preston Hall	11
	42

Statistical tables relating to tuberculosis and a summary of the work at chest clinics are shown on pages 45 to 48.

VACCINATION

The numbers of persons reported as having been vaccinated or re-vaccinated during the year was 22,793, an increase of 1,054 over the corresponding figure for 1952. The increase is more important than the gross figure indicates for the number of adult vaccinations was actually lower and the greatest increase has been in infants under one year of age of whom 12,980 were vaccinated as compared with 10,871 the previous year. This increase in infant vaccinations follows the Council's new policy of offering vaccination through the clinics as well as encouraging parents to arrange for this through the family doctor.

It is to be hoped that the upward trend will continue for the number of infants protected by this simple effective means is still too low for safety.

VENEREAL DISEASE

During 1953 the number of Middlesex patients attending for the first time clinics in London or Middlesex was 447 more than in 1952 and 415 more than in 1951.

Although the fall in the number of syphilis cases attending continues there is a very steep rise in the number of cases of gonorrhoea, a rise which has been observed in other areas.

The County almoners continue to attend the veneral disease clinics which are held at hospitals within the County to follow-up those patients who fail to complete treatment, or patients attending other hospitals referred to them for follow-up.

The notifications of possible sources of infection are now only received from U.S. medical officers. It is not surprising that in this year when there is a rise in gonorrhoea there have been more notifications than in any year since 1947. Thirty-six notifications have been received and although these have data insufficient for the almoner to trace the person named it is reasonable to suppose that they do represent sources of infection in the County.

HEALTH CONTROL OF AIRPORTS

I regret to report that Dr. L. Thomas, Senior Medical Officer died during the year. Dr. Thomas had been responsible for the day-to-day administration of the Health Control Service from the time it was taken over by the County Council and it was very largely owing to his enthusiasm, initiative and foresight that it developed into such a thriving and efficient unit.

Dr. W. A. Bullen was appointed to succeed him as Senior Medical Officer on the 1st August.

The new Public Health (Aircraft) Regulations, 1952, have, on the whole, worked satisfactorily, but nevertheless, in the opinion of those charged with their implementation they leave much to be desired. While there are some disadvantages, the vaccination of all air travellers is considered most desirable, irrespective of the country of origin or the destination. The new regulations abolishing as they do the personal health declaration forms at first decreased the work of the medical receptionists, but this has been balanced very largely by the increased number of aircraft arriving from endemic areas.

The present procedure is that all passengers arriving from endemic areas are cleared by health control; their vaccination certificates are checked and yellow warning cards are issued. Instructions to flight contacts of passengers developing an infectious disease after arrival of necessity continue to depend upon the B.B.C. and the press.

The new air crew medical examination centre was opened in February, 1953, and has been working satisfactorily to capacity since. A total of 925 air crew were examined during the year.

The number of aliens arriving at London Airport with Ministry of Labour permits increased from 302 in the previous year to 839 in 1953. Such aliens are examined on arrival by the medical officers.

The number of planes requiring disinsectisation certificates increased by 28 to an average of nearly eight per day.

The unification of medical services at London and Northolt Airports has worked smoothly. Over 1,200 London Airport staff were treated at the sick bay as compared with 341 the previous year. In addition there were about 600 minor ailment treatments. Nearly 400 sick passengers were treated on arrival during the year.

At Northolt Airport 1,300 visits were made by the staff to the sick bay for treatment and the number of sick passengers treated on arrival during the year was 191.

The number of mental cases dealt with on arrival during the year was 50. The majority of these were returning British subjects who were dealt with by the mental welfare officers in consultation with the port health medical officers. Alien cases are generally returned to their country of origin by the immigration authorities. The medical officers at the airport supply the appropriate medical certificate.

An increasing feature of the airport work is the number of Indian and Lascar ship crews who come from endemic areas and who are specially scrutinised and have their vaccination certificates checked by the medical staff on arrival. The medical officers of health of their places of destination in the United Kingdom are informed accordingly.

CEREBRAL PALSY

It is exceedingly difficult to arrive at a true figure of the incidence of cerebral palsy in a community for the milder disabilities will usually go unrecorded, at least under the heading of cerebral palsy.

It is possible however to say that about 1 in 4 of the ascertained physically handicapped children in Middlesex is suffering from cerebral palsy; a total of over 100 children. Over half of these are at day special (PH) schools and most of the others are attending residential special schools, including hospital schools.

Other cases of cerebral palsy come to notice through examination under the Mental Deficiency Act. In 1951 twenty-one cases were reported in this way; in 1952 there were 22 and in 1953 the figure was 15. Of these 58 cases nine have since died.

The numbers of children suffering from cerebral palsy ascertained in the past three years seems high, and the danger of the physical disability masking the real intelligence level is thoroughly appreciated, but it must be remembered that the figures quoted cover a period of three years only and may well not be representative of the true incidence.

During the year the health and education committees of the Council have been studying a plan to integrate physical and educational treatment, from an early age, in a single unit.

It is thought that at least three such units will be required for the whole County.

There are at present special facilities for treatment (both medical and educational) at St. Michael's (Residential) School, Eastcote, where about 20 of the 30 pupils are suffering from cerebral palsy. The school has a whole-time physiotherapist working under a consultant.

Special facilities exist for full treatment of about 30 children over two years of age at the Vale Road Special (Day) School, Tottenham.

In addition some children are admitted to the Lower Place Special (Day) School, Willesden, and others are sent to suitable out-County schools, notably St. Margaret's, Croydon.

The County Council also meets the cost, in some cases, of treatment at special clinics for children in attendance at its maintained schools.

There remains a lack of suitable facilities for the further training of school leavers, but discussion on such provision is being conducted with a voluntary organisation.

The Chief Welfare Officer has stated that he was able to provide help during the year for 61 people thought to be "spastics." The type of help given varied widely from arranging social activities to assisting in the provision of training and rehabilitation courses.

EPILEPSY

A survey of school children in about one-third of the County carried out by the medical staff of the Ministry of Education in 1950–51 indicates that the incidence in this area is about 1·1 per 1,000.

Most of these children manage perfectly well at ordinary schools but at the end of the year 33 children were in special schools and five others were awaiting placement.

The Chief Welfare Officer has stated that there were, on a recent date, 76 epileptics maintained by the Council in colonies and that his department knew of a total of 249 such persons for whom many kinds of help were arranged.

There is close co-operation with the youth employment officer when children leave school and a close working relationship with the Welfare Department.

Following the receipt of Circular 26/53 on the special welfare needs of epileptics (and of spastics) at the end of the year steps are being taken to review the present practice in dealing with both classes of sufferer.

BLIND PERSONS

During the year 532 reports on form B.D.8. were received in respect of new cases for consideration of their admission to the register of blind or partially sighted persons. In addition a further 182 reports on old cases and persons transferred from other areas were reviewed.

The classification and follow-up of persons on the register of blind or partially sighted persons during 1953 is given on Table 42 on page 66. It will be noted that a high proportion of blind persons suffering from cataract refuse treatment but these patients fall mainly into the very aged and infirm group.

Home teachers for the blind visit all registered persons and follow-up on the treatment and advice recommended by ophthalmic surgeons. There is very good co-operation between these welfare officers and hospital authorities on the follow-up of all patients.

NATIONAL HEALTH SERVICE ACTS

The annual report for 1952 contained a detailed survey of the Local Health Services operating in the County of Middlesex since July, 1948. This year, therefore, it is proposed to do no more than comment briefly on the services and statistics relating to the appropriate sections of Part III of the National Health Service Act, 1946.

Section 22. Maternal and Child Health

It will be noted in the summary of vital statistics at the beginning of this report that the crude birth rate (13·3 per 1,000 population) remains almost the same as in 1952, and the infant mortality rate (21 per 1,000 live births) also is practically unchanged. It was to be expected, therefore, that figures such as the number of attendances at ante-natal and child welfare clinics would show little change on the previous year.

The work over the whole County in all branches has continued on the same lines as in past years, and the staff have steadily and with enthusiasm pursued their aim—the promotion of the health of that most vulnerable section of the population, the mothers and their young children.

There has been some alteration in clinic provision of which the most interesting is that of a mobile clinic for use in the more scattered parts of Area 8. This is already proving its value. It is parked outside a church hall or other building suitable for use as a waiting room, and can be linked up with the local electricity services and water supply. A clinic nurse is responsible for its equipment and the sessions held in it, and goes with it wherever in the area it is sited. A mobile clinic is no new thing to many of the more rural counties of England, but here in Area 8 such provision has already proved to meet a real need in scattered centres of new housing development.

Other changes were as follows:—six new ante-natal clinics were opened during the year in Areas 1, 8, 9 and 10, and two in Area 7. One was closed in Area 9.

Seven new child health clinics were opened—in Areas 1, 5, 8, 9 and 10, and two in Area 7, and four were closed in Areas 7, 8, 9 and 10.

The reasons for these changes are mainly geographical or connected with tenure of premises, and to a smaller extent with changes in local need consequent upon housing or other changes.

The panel of members appointed to consider matters relating to day nurseries continued its work. Three nurseries (Hoppers Road, Southgate; Islips Manor, Northolt; and Oldfield Lane, Greenford) were closed during the year. The full effect of the Council's scheme of priorities of admission, and of the scale of charges permitted under the amending Health Act of 1952, began to be evident, and the extent of the true need of nursery provision began to be known. In view of the low attendances at many of the nurseries the Council decided as an interim arrangement to seek approval to an amendment of its proposal for provision of day nurseries to the effect that after all priority cases had been accommodated, children of parents willing to pay full cost could be admitted. This arrangement was approved by the Minister in June—see Appendix, page 67. After further consideration of the whole problem the Council, in October, submitted new proposals for modifying its existing approved proposals, relating to day nurseries, but at the close of the year these had not received the approval of the Minister. In these new proposals the Council make it clear that the day nursery service is to be provided to meet the needs of cases for which it considers such provision is necessary on health grounds. Before the end of the year, plans for the closure of 32 nurseries were well advanced, and at the time of writing this report have in fact matured.

The effect of these closures will be to concentrate the remaining children into a total of 42 nurseries. By providing transport in certain cases, undue hardship to parents and children will be avoided. It should be possible to provide an improved standard of child care now that the Council's policy is clarified. The staff have a greater sense of security and their interest is stimulated. If all the nurseries are approved for the training of students, a high standard of work will be assured, and the day nursery service will still be one of which Middlesex can be proud.

It is appropriate to mention here the figures concerning the Council's other duties regarding the daily care of the child apart from its parents. The two schemes of child-minding (in Areas 3 and 9) have continued as in previous years, but show a small decrease. The total number of approved child-minders at the end of 1953 was 71, the number of children being 83. The corresponding figures for 1952 were 80 minders and 92 children.

The administration of the Nurseries and Child-Minders Regulation Act, 1948, is delegated to the local area committees. Here there has been some increase in registrations as might be expected in view of the impending day nursery closures—but not by any means to a comparable figure. The total number of places registered is now 1,799 as against 1,468 at the close of 1952.

Among the Council's duties under Section 22 must be mentioned the work at the mother and baby homes. This has continued as in previous years, full use having been made of voluntary agencies (in particular the two hostels run by the British Red Cross Society) as well as of the County Council's own two homes. The importance of after-care in this work—of ensuring that proper and permanent arrangements are made for both mother and baby—is becoming increasingly obvious. This needs not only experience and far-sightedness on the part of the social worker, but a knowledge of human nature and a certain detachment that is not easy to acquire. Sentimentality has no place here, but sentiment, a proper love of humanity, must abound. Not all the voluntary homes and workers measure up to this standard. The Council might be well advised to consider the establishment of a third home, directly administered, whenever opportunity offers.

Dental Care

The following report has been prepared by the Chief Dental Officer, Mr. J. V. Bingay, M.B.E., L.D.S.R.C.S.:—

" The improvement in the staffing position during the year under review has made it possible to devote more time to the treatment of that section of the population which is expressly catered for under Section 22 of the National Health Service Act, 1946—the nursing and expectant mothers and pre-school children.

Although the position has greatly improved we have not as yet been able to implement to the full the recommendations of Ministry of Health Circular 118/47 wherein it is recommended that, where possible every expectant mother attending an ante-natal clinic should receive a dental examination and, where necessary, an offer of free treatment.

Too often the patients who attend the dental clinics are composed of a large proportion who have themselves sought treatment or have been referred as the result of pain of dental origin.

Although the service provided by the County Council for the treatment of mothers and young children is more comprehensive than that provided by many authorities, one looks forward to the time when it will be possible to ensure that every mother and expectant mother receives an examination by a dental officer and an offer of free treatment when defects are found.

There is no doubt that a proportion of these patients are receiving treatment through the general dental services, but many fail to avail themselves of the facilities offered and it must be our duty to see that this class is made fully aware of the necessity for a mouth completely free from dental sepsis, particularly during the vital months of gestation and the subsequent nursing period. There is, indeed, a great deal still to be done in the field of dental health education.

Staffing Position.—The County Council on the 31st December, 1953, employed a staff of 65 whole-time dental officers and in addition a further 41 part-time officers on a contractual basis, giving the equivalent of 14 6/11 whole-time officers—an overall total of nearly 80 in terms of full-time officers.

Approximately 20 per cent. of each officer's time is devoted to the treatment of nursing and expectant mothers and young children, the remaining 80 per cent. being absorbed by the School Health Service.

Beyond doubt the part-time officer gives a most valuable service, and one is indeed grateful for the assistance he renders; but inevitably the calls upon his time in other spheres of professional activity increase to such an extent that he is often unable to continue in local authority service or has seriously to curtail the time given to it. In a service which is so essentially personal it is desirable —one might say important—that patients should get to know their dental officer well, and, with that knowledge, gain trust and confidence in his judgment. This position can only be attained where changes in personnel are infrequent, and one would feel happier if a greater number of men and women of the right calibre came forward with the intention of making a career of dentistry within the local authority framework. Officers who are at present working part-time in the service and are not as yet finally committed to private practice would do well to give consideration to the advantages of a career, in a whole-time capacity, in the school and priority services, particularly in view of the increased remuneration now being offered.

The pre-school Child.—It is generally accepted in the dental profession that two years is the minimum age at which conservative treatment can be undertaken with any degree of co-operation from the patient. In practice there are few children of this age who are either able or willing to tolerate any but the simplest conservative work. They are, of course, too young to concentrate for a sufficient length of time to enable work of long duration to be done.

The use of silver nitrate and temporary dressings can be of great assistance in dealing with the immediate problem, enabling the carious condition to be held up until more permanent restoration is possible when the child is older. Unfortunately, however, it is too often found necessary, even at the age of two years, to resort to extraction, particularly when pain has intervened. It is obvious that preventive measures are required to supplement the efforts of the dental officer and one awaits with some degree of impatience the introduction of the controlled addition of fluorides to the domestic

water supplies in the hope and belief that many cases of rampant caries—too often evident in the dentition of young children—would become a thing of the past due to the protection afforded by the fluorides during the vital period of calcification.

It must not, of course, be forgotten that other preventive measures are of equal importance—properly balanced diet, correct mastication, oral cleanliness, combined with regular visits to the dentist.

Dental Laboratories.—Since October, 1951, the whole of the prosthetic work for the dental services has been undertaken by the laboratories situated at Teddington (Area 10) and Hendon (Area 4).

The output has been maintained at a high level and the quality of work compares favourably with that of similar institutions under the control of large health authorities. It may, therefore, be of interest to give some details of the output during the year 1953.

The figures given below do not include appliances produced in connection with the School Health Service and are confined to the Priority Service.

Full Dentures	*Partial Dentures*	*Crowns, Bridges and Inlays*
458	716	45

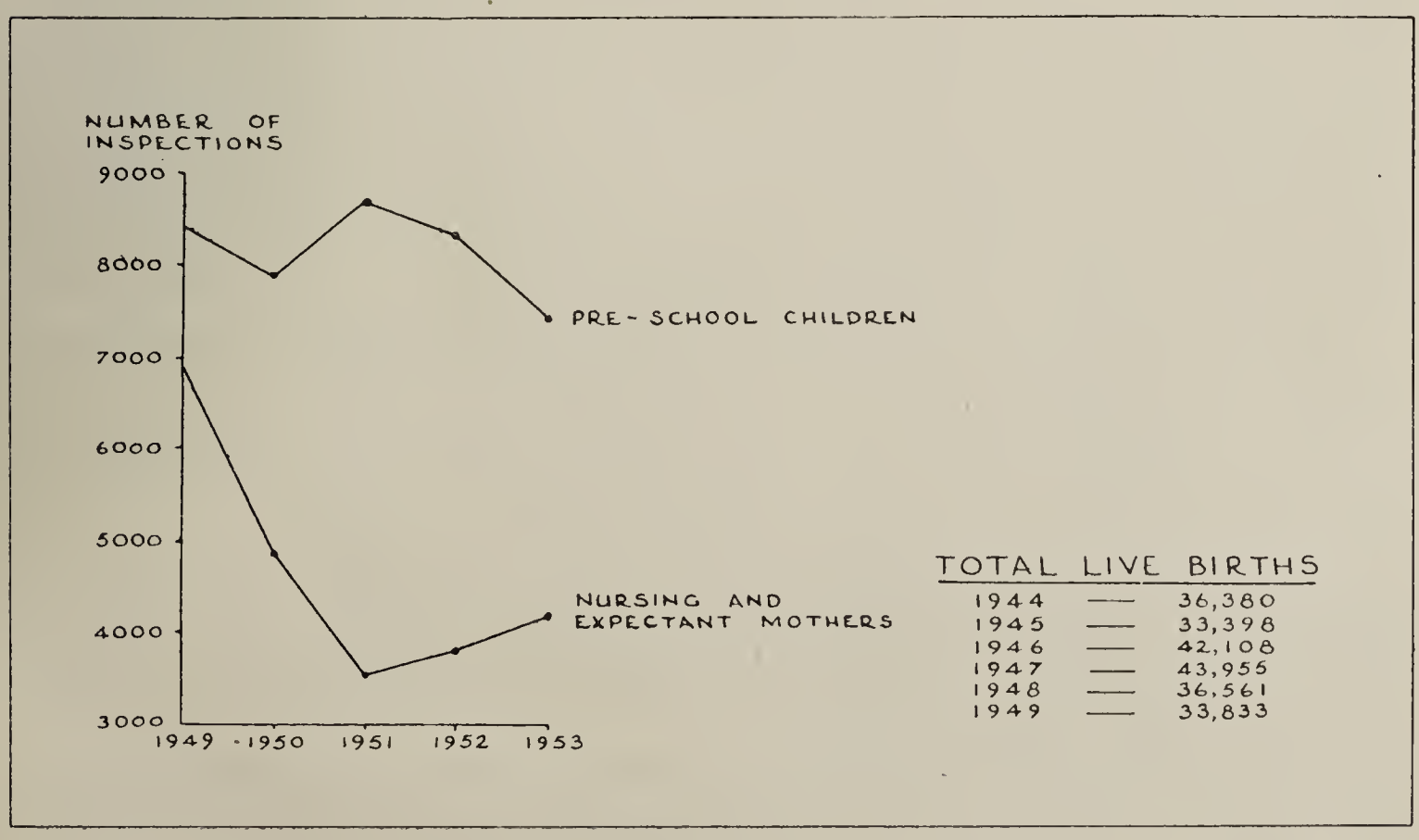
Clinic Accommodation.—During the year under review a new clinic was opened at Duddingston House, Sunbury (Area 10). This clinic, which is an adaptation of an existing building, provides facilities for a truly comprehensive dental service including, as it does, accommodation for a dental officer, an orthodontist, and an oral hygienist. Facilities for X-rays are also available.

Further dental clinics are shortly to be put into operation at Lordship Lane (Area 3) and Brondesbury Villas (Area 6).

Statistical Information.—The years from 1949 to the present day have been fraught with difficulty. The volume of work has always been present but the staff wherewith to deal with it has not, until recently, been available. The picture is, however, changing, as the staffing situation becomes more stabilised.

In order that the position may be more easily appreciated a graph is set out below giving details of inspections of both nursing and expectant mothers and pre-school children. In the right hand lower corner of the graph is recorded the total number of live births in Middlesex from 1944 to 1949. Normally one would expect a child to require comprehensive dental treatment in the first instance at approximately $3\frac{1}{2}$ to 4 years of age. A child therefore who attended for treatment in 1953 in the normal course of events would probably have been born in 1949; bearing this in mind it is interesting to note that the inspection figures shown in the graph below bear a distinct relationship to the live birth figures. As will be appreciated, the peak year was 1947, and four years later, in 1951, the peak figure for inspections of pre-school children was reached. It will be noted that the figures for inspections in 1952 and 1953 have declined, corresponding to a drop in live births for the years 1948 and 1949.

In the case of the nursing and expectant mothers the pattern follows more closely the position in the School Dental Service, *i.e.*, a very steep drop from 1949 to 1951, and a gradual upward trend in 1952 and 1953. The recovery has been slower in this section of the dental service than has been evident with the school children, but, bearing in mind that there is a general decline in attendances at pre-natal and post-natal welfare centres, from which source the dental clinics are mainly supplied



with patients, it is encouraging to be able to report an increase in the dental treatment of this vitally important class of the community.

Conclusions.—It is satisfactory to note from the table on page 53 that both in the case of the pre-school children and the nursing and expectant mothers, the emphasis has been on conservation rather than on extraction. The fact that 10,328 fillings in addition to 7,608 silver nitrate treatments were carried out as against a total of 7,552 extractions for children under five is indeed an indication that these children are receiving careful and efficient treatment.

The corresponding figures for the mothers are 8,239 fillings as opposed to 7,017 extractions.

The Priority Dental Service in Middlesex is, in spite of the buffetings it has received in past years, healthy and strong. The dental officers are rendering a fine service to the inhabitants of the County, a service which compares favourably with that of any other local authority in the British Isles."

Section 23. The Midwifery Service

The number of domiciliary confinements in the County continues to fall and the policy of adjusting the midwifery staff by a process of normal wastage has been continued. The position has now been reached in some areas, however, that it is necessary to replace midwives when they resign and the main factor used to decide the number of midwives required is the recommendation of the Working Party of Midwives that a midwife can deal with 55 cases per annum. Other factors such as density of population, transport facilities, &c., also receive consideration. The County Council decided in November to make the approved establishment of district midwives more realistic and its implementation more flexible by reducing the approved establishment for the County as a whole from 213 to 150 and for this establishment to be allocated to the areas by the County Medical Officer after consultation with the Area Medical Officer. During the year the midwifery staff was reduced by six midwives which resulted in the average case load per midwife increasing slightly to 49·1. The area average varies from 35·4 in Area 1 to 63·8 in Area 6.

The training of pupil midwives for Part II of the C.M.B. examination has continued over the whole County with the exception of Area 1. A total of 133 pupils completed their training during the year. Some increase in this number is expected in the near future as the North West Metropolitan Regional Hospital Board is contemplating the setting up of one or two new Part II training schools in existing hospitals. Such an increase would be welcome provided the case load remains at or above its present level. It cannot be stressed too often that a training scheme in any branch of the Health Service raises the quality of that particular service and benefits both the patient who receives it and the staff who give it.

Section 24. Health Visiting

The pattern of the health visitors work is changing, as was envisaged by the wording of Sections 24 and 28 of the National Health Service Act, but as yet it has by no means become clearly defined. Increasing emphasis is being laid on her importance as a health educator and adviser to the family as a whole both in health and sickness. She has also an important part to play in the preservation of mental health—and here she can begin at the beginning by giving guidance to the mothers attending the Child Welfare Clinics.

The need for co-operation between the health visitor and the general practitioner was stressed at some length in my report last year, and several of the areas have taken steps to try to bring this about by arranging social meetings at health centres between the staff and the local practitioners. These provide opportunities of initiating the direct personal contact between individual practitioners and health visitors which is essential for really effective co-operation.

With young and old, in health and disease, the fact still stands out and must remain, that the most important work the health visitor can do is in the homes of the people, where only can she really assess their problems and ensure that her advice will meet their need.

Most Local Health Authorities in the past have based their establishment of health visitors on either a percentage of the population or on the annual number of births. In the future a more realistic figure will probably be one based on the number of families or households.

The fourth health visitor training course is now in progress at the Chiswick Polytechnic. It is gratifying to be able to report that the previous courses have all achieved 100 per cent. of passes. The majority of the students join the Council's staff on qualifying, but there is ample room—and need—for an extension of the course and active consideration is now being given to this. It might well prove that a scheme for sponsoring students—as is the practice with many of the existing training schools—would attract additional candidates.

The Working Party on Health Visitors set up by the Ministry of Health has aroused great interest. Some clear definition of the duties of the health visitor would in all probability stimulate recruitment, and be a guide to training schools in the shaping of their curriculum.

Section 25. Home Nursing

The demand on the Home Nursing Service continues to increase, and the large number of elderly and chronic sick who are attended in their own homes is shown in Table 33. If this means a saving in hospital beds, then the home nursing service is indeed making a valuable contribution to the national economy. At the end of the year, there was a total staff of 280 home nurses (excluding supervisory staff) 20 of whom were state enrolled assistant nurses. Sixteen male nurses are also included in this total.

The total number of visits paid was 921,984. This figure includes the work done by the Willesden District Nursing Association in Area 6. Negotiations for the take-over of this association were still proceeding at the end of the year, and the training scheme, approved by the Queen's Institute of District Nursing, was continuing.

Section 26. Vaccination and Immunisation

Descriptions of the services provided by the County Council under this section of the Act will be found under the heading " Infectious Diseases (including prophylaxis) " on page 7.

The County Council adopted the arrangements agreed on the part of the Minister of Health and the suggestions of the County Councils Association and the Association of Municipal Corporations relating to the payment of fees for records of vaccination and immunisation but decided to seek the Minister's approval to an amendment of the existing approved proposals which would have allowed the County Council not to require records of inoculation of patients over school-leaving age. The Minister however did not agree to this amendment.

Section 27. Ambulance Service

Although the concurrence of the Health Committee must be obtained in any decisions relating to the peace-time ambulance service policy, development, &c., the day-to-day management of the service is carried out by the Chief Officer of the Fire and Ambulance Service under the direction of the Fire Brigade Committee.

The following statement on the operation of the peace-time ambulance service for the year ended 31st December, 1953, has been prepared by Mr. A. Wooder, C.B.E., L.I.Fire.E., Chief Officer of the Fire and Ambulance Service.

REPORT OF THE CHIEF OFFICER OF THE FIRE AND AMBULANCE SERVICE ON THE OPERATION OF THE AMBULANCE SERVICE 1st JANUARY TO 31st DECEMBER, 1953

Demands on the Ambulance Service.—The number of patients carried during the year under review showed an increase of 45,357 over the previous year.

The directly provided service carried 47,543 more patients than in the previous year, while the supplementary services (*i.e.*, the hospital car service, hiring contractors, &c.) carried 2,186 less. Thus, once again, the directly provided service had carried not only the whole of the increased demands, but has also to some extent reduced the number of cases passed to the supplementary services.

The total mileage run during the year showed an increase of 98,152 miles compared with the previous year, of which 55,376 miles are attributable to the directly provided service.

Details of the number of patients carried are set out below, together with corresponding details for the previous year:—

	Patients carried	
	1953	1952
January	70,455	71,411
February	63,534	64,410
March	71,399	66,779
April	67,548	64,633
May	71,721	71,044
June	70,905	61,680
July	74,873	66,650
August	63,021	58,543
September	70,383	65,545
October	74,046	72,486
November	70,524	65,731
December...	69,299	63,439
	837,708	792,351

Further statistical tables are set out on page 65.

Vehicle Replacement Programme.—In January, 1953, the County Council approved an ambulance service vehicle replacement programme based on the anticipated needs of the service during the eight years from 1953–54 to 1960–61 inclusive, the programme being subject to annual review. This replacement programme provided for 20 new ambulances and 11 new sitting case cars during the year 1953–54 and in March, 1953, the County Council accordingly approved the purchase of 20 Morris ambulance chassis and the building thereon of ambulance bodies to the County Council's specification. At the same meeting approval was given to the purchase of 11 cars for the transport of sitting cases.

By 31st December, 1953, all the ambulance chassis had been received and five had been equipped with bodies. Of the 11 sitting case cars, 10 had been received by that date.

Development Plan.—During the year, the two final sites for ambulance depots were acquired, *viz.*:—

No. 5 Depot, Honeypot Lane, Kingsbury.
No. 9 Depot, Busch Corner, Isleworth.

The following permanent ambulance depots were opened during 1953.

No. 1 Depot, The Ridgeway, Enfield.
No. 6 Depot, Imperial Drive, Harrow.
No. 7 Depot, Royal Lane, Hillingdon.

The commissioning of the new depot at Imperial Drive, Harrow, was made the occasion of an official ceremony on 22nd January, 1954, when the Chairman of the County Council, supported by the Chairman of the Fire Brigade Committee, the Vice-Chairman of the Health Committee and senior officers of the County Council unveiled a plaque, declared the depot open and inspected the personnel, premises and vehicles. It is anticipated that the building of four depots will be started during the financial year 1954–55.

Transport by Rail.—During the year, the number of patients conveyed, under ambulance conditions, by railway, was 673 compared with 498 during the previous year. The railway authorities have continued to co-operate whole-heartedly with the service in undertaking these removals.

Mutual Assistance.—Mutual assistance arrangements with the adjoining ambulance authorities continues to operate satisfactorily.

London and Northolt Airports.—Patients requiring ambulance transport still, from time to time, arrive at the airports, and as it is not always the practice for adequate notice of such arrivals to be received by the service, operational difficulties arising from this source have again been experienced.

The County Council's airport medical officers and their staffs have been most co-operative in dealing with these problems.

Civil Defence Ambulance Service.—The transfer of ambulance vehicles, which have become redundant in the peace-time service, to the Civil Defence Ambulance Service, continues.

Revision of Night Manning.—Towards the end of the year, the Fire Brigade and Health Committees had under consideration the number of ambulances which were manned during the night hours. As a result of their investigations a recommendation was submitted to the County Council which had the effect of reducing the number of night-manned ambulances from 38 to 30. The recommendation was approved and the revised arrangements will come into operation early in the new year; the ambulances available at night will remain sited strategically to cover the whole County.

Ambulance Service Efficiency Competition.—In October, 1953, Committee approval was given to the principle of introducing efficiency competitions into both the accident and sick removal branches of the Service. The object of such competitions would be to stimulate enthusiasm among the personnel, to promote a competitive spirit and to improve the efficiency of the Service.

It is proposed that suitably inscribed trophies shall be awarded to the winners of these competitions.

General Observations.—The increase, *viz.*, 45,357, in the number of patients carried during the year under review, is greater than any which has arisen since the increase of 98,773 in the 1950 figures over those for 1949. There is some indication, therefore, that the peak traffic demands have still not been reached and in order to ensure that no unnecessary use is made of ambulance transport, consultations are at present being held with those hospitals and other authorities whose calls on the Service are greatest, in an endeavour to ensure that there shall be no unnecessary use of the Service.

It is of interest to note that there is now a tendency towards a more steady demand on the Service throughout the year. The maximum fluctuation between monthly figures in 1953 is only of the order of 11,000.

Section 28. Prevention of Illness, Care and After-Care

Tuberculosis and Venereal Diseases.—Descriptions of the services provided by the County Council for the benefit of patients suffering from these diseases will be found on pages 9 and 13 of this report.

Recuperative Holiday Homes.—The operation of the scheme was closely reviewed and arrangements made to give careful scrutiny to all applications received to ensure that cases accepted were genuinely in need of recuperative care and not merely holiday accommodation.

During the year the County Council accepted financial liability for the maintenance of 2,370 persons in recuperative holiday homes; 1,911 were admitted to such homes; of the remainder, 427 applications were cancelled or withdrawn and 32 were outstanding as at 31st December, 1953. Of the 1,911 cases admitted, 1,669 were adults, 78 were children under school age, 134 were mental defectives sent to St. Mary's Bay Holiday Camp. The remaining 30 cases were mental defectives for whom short term care was provided in cases of urgency, such as illness of a member of the family, the mother being in urgent need of a holiday, &c. In addition 18 cases referred in the previous year were admitted to recuperative homes. Children of school age were dealt with under Education Act powers.

Applications were received from the following sources.

Source	*No. of cases*
Hospitals	875
General practitioners	990
Chest clinics	271
Other (Local Health Authority's medical staff, Voluntary Associations, &c.)	100
M.D. children admitted to holiday camp	134
	2,370

Chiropody.—In addition to the service provided under Section 22 of the National Health Service Act, 1946, the chiropody services provided in Edmonton and in Brentford and Chiswick which were established before the National Health Service Act, also operate under Section 28 of that Act. These facilities are approved mainly for the elderly for whom chiropody is an important service. Not only does it bring physical comfort but it encourages mobility and in its turn, mobility encourages health, saving the individual from the need to seek residential care which otherwise would in most cases be necessary.

Loan of Nursing Equipment.—Following the approval of the Minister of Health of the County Council's amended proposal under Section 28 of the National Health Service Act, 1946, for a scheme for the loan of nursing equipment through the agency of voluntary organisations, arrangements were made for the Middlesex Branch of the British Red Cross Society to operate the scheme on behalf of the County Council from the 1st November, 1951. During the year 13,585 loans of articles of nursing equipment were made to patients. The cost of this service for the financial year 1952–53 was £816.

Health Education.—Health Education, although necessarily mentioned separately, is fundamental to all the activities of the department and to the subjects dealt with separately in this report.

The most effective kind of health education is that passed by word of mouth from one person to another and the doctors and health visitors are carrying out this work day in and day out.

During the month of March, a campaign to encourage the immunisation of children against diphtheria was held throughout the County. Broadly the campaign was held along lines the Ministry of Health have recommended in annual circulars for the past few years, that is to say, publicity in the press; lectures; increased personal propaganda by health visitors; cinema slides; posters; display cards. The general practitioners co-operated very helpfully in the campaign.

The County Council has continued its financial support of the Central Council for Health Education which has during the year given all possible help in this field.

Section 29. Home Helps

It might be expected that demand on the Home Help Service would be closely parallel to that on the Home Nursing Service, and in fact this is so. The maximum charge for a home help is now 3*s*. per hour, but the scale of assessment ensures that this sum is paid by a very small minority of applicants. During the year there was a slight increase in the County staff, leaving at the end of the year the equivalent in whole-time staff of 820. There was an increase of over 500 cases on the previous year to receive help, altogether a total number of 11,790. This entails a very careful deployment of available staff, and indicates the increasing difficulties in the work of the Area Organisers and their assistants.

As will be seen from Table 34 at the end of this report, almost exactly half the cases are aged and chronic sick.

Section 51. Mental Health

Staffing.—Dr. P. A. Bennett, M.B., Ch.B., was appointed Principal Medical Officer and commenced duty on the 4th August, 1953, and Dr. J. Penson, M.A., M.B., B.Ch., D.P.M., who had been employed prior to this date, as a locum, relinquished his duties.

Co-ordination with Regional Hospital Boards.—The waiting list for accommodation remains tragically high (361 at 31st December, 1953) and many families have to continue to bea

well-nigh intolerable burdens as a result. This results in a constant flood of enquiries and complaints which is very time consuming. The North West Metropolitan Regional Hospital Board hope shortly to provide additional beds at Binfield Park, near Bracknell, Berkshire; and at Harperbury, Hertfordshire; whilst the North East Metropolitan Regional Hospital Board are soon to make available a limited amount of new accommodation at the South Ockenden Colony, Essex. Although the expansion in the total number of beds available is small it will be most welcome.

Recently discussions have been held between officers of the Regional Boards and this department when it was agreed that in the future hospitals will notify me as vacancies arise and I will, from a detailed knowledge of the home circumstances of all cases on the waiting list, select the most urgent cases to fill them. This arrangement will ensure a fairer allocation of beds and save a great deal of paper work.

Work Undertaken in the Community—

(*a*) Under the National Health Service Acts

It is becoming more generally accepted that practical supportive measures are in many cases of greater value than any form of special psychiatric therapy in the prevention and treatment of mental illness.

This help should be given by psychiatric social workers and others with a knowledge and understanding of mental illness and of the technique of social work and must be with the closest co-operation of the psychiatrist and his hospital team.

In accordance with the policy of the County Council one further psychiatric social worker has been appointed, thus filling three of the five positions approved on the establishment. At the present time, most of the work undertaken in this field is in the nature of " after care," that is the care of cases who have been discharged from mental hospitals; similarly an attempt is made to locate cases that have not yet come to the attention of hospitals; such cases are referred by psychiatric clinics, general practitioners, labour exchanges and other sources. There is great scope for expansion in this field and the demand for such a service is considered likely to become greater as it becomes more widely known. Thus it is hoped that by receiving practical assistance and advice, a number of cases which would, otherwise, have broken down, and require hospitalisation may be retained as useful members of the community.

Therapeutic Social Clubs.—The County Council continues to support the therapeutic social clubs operated by the Institute of Social Psychiatry. These clubs meet weekly or more frequently and as far as possible are run by the patients themselves with a psychiatrist in attendance to give friendly and informal advice and help. Although it is technically difficult to obtain objective proofs of the value of such treatment there is little doubt that many people benefit greatly.

A rehabilitative occupational therapy centre is also run by the Institute of Social Psychiatry and a few patients from Middlesex attend daily. It is probably too early to evaluate fully the effectiveness of this form of treatment but it seems likely that it deserves a permanent place in mental therapy.

(*b*) Under Lunacy and Mental Treatment Acts, 1890–1930.—The statutory duties under these Acts are undertaken by the mental welfare officers. This service was re-organised in 1952—five " divisions " were planned to coincide with the catchment areas of the five mental hospitals serving Middlesex. The advantages of this scheme, which enables the " divisions " to have closer liaison with the mental hospitals concerned, have been confirmed by the experience gained throughout the year.

(*c*) Under Mental Deficiency Acts, 1913–1938—

(i) *Supervision of defectives.*—The supervision of defectives in the community is undertaken by medical and mental welfare officers and by lady supervision officers. The mental welfare officers supervise all male defectives over the age of 10 years; the remainder being visited by the lady supervision officers.

(ii) *Guardianship.*—It has been possible to place a considerable number of cases under guardianship, the majority with the Guardianship Society, Brighton. A number of defectives have thus been retained in the community, many able to undertake useful work, whom it would otherwise have been necessary to place in institutions. The number of suitable guardians, however, is limited; constant effort is necessary to find those willing to undertake these poorly rewarded responsibilities. It is mainly this source of disposal which has prevented the waiting list for institutional accommodation reaching an even more formidable figure than at present.

(iii) *Short-term care.*—During the year 67 cases, mostly children, were placed for short-term care usually not exceeding eight weeks. This care is given when for some reason or other the family cannot, for the time being, continue the care of the child or to give the parents a much needed break. The number of cases dealt with reflects in no way the need for this beneficient service but only the number of vacancies available. In the case of a patient being admitted to an institution, the cost of maintenance is borne by the Regional Hospital Board. Where the patient is admitted through the County Council to a home, the parents are asked to contribute towards the cost of such maintenance according to their means.

(iv) *Occupation Centres.*—A further 100 places have been provided in the County at occupation centres during 1953. The present centres and particulars of places available at them are as follows:—

Brentford	75
Hornsey	65
Twickenham	60
Uxbridge (Moorcroft)	65
Wealdstone	72
Willesden	30
Neasden	65
Enfield	30
Hayes Industrial Training Centre	25
Total...	487

New Centres

(*a*) *Moorcroft.*—At the start of the autumn term, the Uxbridge centre, which was situated in Villier Street, Uxbridge, was transferred to " Moorcroft," Hillingdon; this move enabled the number of places at this centre to be increased from 35 to 65 and this has completely absorbed the waiting list of children under 16 in this area. Accommodation at Moorcroft is a very great improvement on the old building; there is one large room and three smaller rooms available for classes in the main building and a sizeable garden room which is suitable as a workroom for older boys. The kitchen, although old-fashioned, is equipped with a large modern "Aga " cooking stove and it is considered that there are ample cooking facilities, not only for the occupation centre but for any other services which may be introduced later. The kitchen is sufficiently large for training to be given in domestic duties to the older girls. The spacious grounds available will enable gardening and other open-air activities to be undertaken during the summer months, and already much help in maintaining the garden has been afforded by some of the older lads.

(*b*) *Neasden.*—The Neasden occupation centre was opened on 30th November, 1953, at the former civic restaurant, Neasden Lane. These premises are leased from the Willesden Borough Council and provide places for 65 children. This new centre means that much of the waiting list in the Willesden area can now be absorbed and occupation centre accommodation offered to children in the Hendon area which was not previously served. There is one large hall and two sizeable rooms, in addition to smaller ones. The kitchen is very large and will provide ample training facilities for the older girls.

(*c*) *Enfield.*—A centre was opened in December, 1952, in St. Matthew's Church Hall, Lincoln Road, Enfield, for 30 children.

Although this was the most suitable building that could be found for the purpose in the vicinity it suffers from the inevitable drawbacks of being in a large single hall. The centre has made good progress during the course of its first year.

Cooking.—Where possible, it is considered a great advantage to cater for the children on the premises, and fortunately in most centres, facilities are available. The advantages are that the food is freshly prepared and cooked and that opportunity is available for older and suitable girls to learn domestic work. Where this is not possible, school meals are provided.

Parties.—Due to the initiative of the supervisors of Brentford and Uxbridge centres, it was possible to organise parties to attend the circus before Christmas.

Coronation Festivities.—The County Council approved of 5*s.* per head being allowed to children attending the occupation centres, for the purpose of Coronation parties. The occupation centre supervisors made their own arrangements and in most cases, coach trips were made to see the Coronation decorations, followed by tea parties.

A film of the Coronation was shown to all children attending the occupation centres and the mentally deficient children living in the vicinity of each centre were invited to attend. Arrangements were made with the education authority for the children who were unable to attend the showing of the film at the occupation centres, to see a film of the Coronation at local cinemas.

Progress.—At the time of writing the alterations for a new centre at Bassishaw Hall, Edmonton, have been completed and the centre will be opened early in 1954. This is a church hall, and as such, is only moderately satisfactory for the purpose, but there will, however, be cooking facilities on the premises. It is intended to make this a 65-place centre.

Home training.—The approval of the Minister of Health was obtained to an amendment of the Council's approved proposals whereby the Council can in suitable cases arrange for training in the homes of defectives. Such arrangements can be made either directly by the County Council or by arrangement with voluntary organisations.

Future projects.—The provision of further adult centres where it is proposed to stimulate industrial conditions is under consideration. The object is to attempt to rehabilitate high grade cases to industry. Laundry work is considered to be the most suitable form of training for female patients,

whereas, for the males, wood-chopping, carpentry and gardening are thought to be the most useful occupations. Such schemes, however, to be of real value must have due regard for (*a*) the demand in the area for such labour and products, (*b*) the prospect of employment in the trade for which the defective has been trained.

Holiday Camp.—In 1953, a party of 134 children attended St. Mary's Bay Holiday Camp from the 28th August to 11th September. Dr. Fidler was in charge and was primarily responsible for the organisation of these children with the assistance of 18 members of the occupation centre staff. The camp was most successful and not only provided a holiday for the children but rest for the parents. It is, however, a big undertaking and places considerable responsibility upon those responsible.

HISTORY OF THE MENTAL HEALTH SERVICE IN MIDDLESEX

It is probable that many of the present members of the County Council are unaware of the history of the development of the Mental Health Service in Middlesex. For many years it was entirely divorced administratively from the other County health services. Mr. A. Ingram Dabbs, the administrative assistant in charge of the clerical work of the mental health section, was chief clerk of the Mental Deficiency Department prior to its incorporation in the County Health Department and has been associated with the mental health service of the County Council since its earliest days. Accordingly, it is hoped that the following account of the development of the service over a period of 40 years from 1914 to the close of 1953 which has been prepared by Mr. Dabbs, will be of interest to many.

" Prior to the passing of the Mental Deficiency Act in August, 1913, such care and supervision as existed for mental defectives was carried out by voluntary bodies and also, in a desultory manner, by poor law authorities. When the new Act was passed Middlesex decided to implement it as soon as possible and was one of the first County Councils to establish a statutory Mental Deficiency Committee and Department in 1914. Dr. E. Laval, M.B., C.M., who had had considerable experience in colonies for mental defectives and who also had given evidence before the Royal Commission which preceded the new Act, was appointed Medical Officer under the Mental Deficiency Act, and he, together with an ' Inquiry Officer ' and one clerk were accommodated in a small room at the Guildhall when the work of ascertaining and dealing with defectives in the County commenced.

In 1915 a first home was opened at Bramley House, Enfield, where 50 high grade mentally defective females were accommodated, but further progress in this direction was halted by the financial restrictions which were imposed by war conditions. It was possible, however, to enter into contractual arrangements regarding certain premises owned by poor law authorities and in the next few years other homes were opened at Fortescue Villas, Enfield; Enfield House; Warkworth House, Isleworth; and Hillingdon Institution. Contracts were also entered into with institutions all over the country for the reception of Middlesex patients, *e.g.*, Brentry Colony and Stoke Park Colony at Bristol; Besford Court, Worcester; Western Counties Institution, Starcross; and many other smaller homes for varying types of patients.

Shortly after the end of the 1914–18 war an assistant medical officer and a second ' inquiry ' (mental welfare) officer were appointed, the clerical staff in the meantime having expanded and moved into larger accommodation. It also became apparent that the question of institutional accommodation on a much larger scale would have to be considered, and the department prepared a scheme for the planning of a colony which would ultimately house up to 2,000 defectives of all ages and grades. The scheme was approved by the County Council who, in 1924 purchased a large estate at Porters Park, Shenley, covering an area of approximately 1,160 acres, upon which it was decided to build the colony for mental defectives and also a large hospital for mentally disordered cases under the Lunacy and Mental Treatment Acts.

Whilst the first sections of the colony were being built, two large hangars which existed on the property were adapted and together with a few quickly erected staff cottages this formed a unit which speedily accommodated about 100 urgent mentally defective male cases. During this period the Committee also purchased Craufurd Home, Maidenhead, which was opened in 1929 and accommodated 100 medium grade adult females and 26 low grade ' cot and chair ' children.

In 1927 an amending Act had been passed which gave local authorities certain powers and duties regarding training and occupation for mental defectives, and as a result of this it was decided to provide occupation centres within the County for the daily attendance of suitable patients living in the community. The Central Association for Mental Welfare, an organisation which had had some experience of running such centres on a ' voluntary ' basis, offered to co-operate with the County Council and a contract was entered into whereby the Association should provide and staff suitable centres on a full-cost refund basis, and under the supervision and control of the Department. The first centre was opened at Willesden in 1928, and a further seven centres were in operation within a short space of time. A small number of ' Home Teachers ' was also provided under a similar arrangement.

By 1931 the activities of the Department had vastly increased; the staff had been considerably augmented, and on the death of one of the mental welfare officers a further two were appointed. Patients were now being gradually admitted to the first sections of the growing Middlesex Colony and

in 1932 a medical superintendent, Dr. H. E. Beasley, was appointed there. In 1936, the Colony was officially opened by the Minister of Health, Sir Kingsley Wood, and at that time a total of about 835 patients were in residence. The chairman of the Colony Managemcnt Sub-Committee at the time was the late County Alderman Sir Cecil Fane de Salis, after whom the fine recreation hall at the Colony (now Harperbury Hospital) was named.

In January, 1939, the County Architect reported to an emergency meeting of the Mental Deficicncy Committee that the structure of the Craufurd Home building had deteriorated to such a serious extent that it should be evacuated of patients and staff within 48 hours. The Mental Deficiency Department was instructed to take immediate action and given *carte blanche* to carry out the operation, and by the afternoon of the second day the patients, staff, furniture and equipment had been removed to the Middlesex Colony. To meet this emergency the two last completed sections of the Colony which had been earmarked for other urgent cases had to be utilised, thereby causing a dislocation of the Department's previous planning, for scheduled accommodation requirements.

During the imminent war period after the Munich crisis in September, 1938, it was made clear that the Government plans for the evacuation of school children from danger areas could not, in view of the special problems involved, include mental defectives, and that the Mental Deficiency Service, therefore, would be responsible for making any arrangements necessary.

It was obvious that the occupation centres in the County would have to close down immediately war was declared, and that special residential accommodation would have to be found in safer areas for the mentally defective children. For this purpose the Central Association for Mental Welfare agreed to place at our disposal certain of their ' holiday homes,' and a number of the occupation centres staffs agreed to be scheduled to staff these homes if the necessity arose. Detailed ' operation evacuation ' plans with regard to transport arrangements, &c., were prepared in advance and pigeon-holed, with the result that on the 1st September, 1939, the movemcnt was carried out, and the patients, staffs, and equipment of the centres were safely installed in ' emergency homes ' at Seaford Bognor and Basingstokc by early afternoon.

By this time the Medical Officer, Dr. Laval, had reached retiring age, but in view of the difficulties which would arise in his replacement under wartime conditions he agreed to continue in office. The assistant medical officer left for service in a military hospital and the remaining staff comprised a chief and deputy-chief administrative officer, four male and two female mental deficinecy officers, and a clerical staff of 14, some of whom had to be loaned to civil defence headquarters. The Department's office was removed to an old chapel at Crauford Home, Maidenhead, as it was considered that a destruction by fire or bomb of the many thousands of patients' case-papers and, other records would entirely disrupt the efficient continuance of the service.

In common with other social services, war conditions brought about many emergency problems in connection with the work; the home at Seaford had to be removed at short notice to premises near Bristol when that part of the south coast was suddenly scheduled as a ' closed ' area; thc demand for emergency institutional vacancies increased rapidly owing to bombing incidents in the County and the many extra domestic problems which arose in families where mentally defective children existed.

In 1943, Dr. Laval retired and as the future policy of the mental health service in the County was then about to be considered, Dr. Beasley, the medical superintendent of the Middlesex Colony was seconded to the post of Medical Officer under the Mental Deficiency Acts.

It was in 1946 that the County Council decided that the Mcntal Deficiency Department should be amalgamated with the Public Health Department and come under the aegis of the County Medical Officer. It was found impracticable, owing to difficulties of staff and accommodation during wartime conditions, to merge the organisation immediately, so for the time being Dr. Beasley continued as Acting Medical Officer and the offices remained at Maidenhead.

The immediate post-war period brought the gradual closing down of the ' emergency ' homes and the return of most of the patients to their homes. The method of re-opening occupation centres in the County was considered, and it was decided that in future these should be provided and administered direct by the County Council, and although much difficulty was experienced in finding suitable premises, the first centre was opened at Twickenham in 1947. During this year, also, the Council purchased Clarefield Court, Maidenhead, for use as a small institution for the reception of about 70 low-grade mentally defective children.

In 1947 the Mental Deficiency Section returned from its wartime office and was incorporated in the Public Health Department at Great George Street, its medical officer now becoming a Principal Assistant Medical Officer under the County Medical Officer. The process of re-opening occupation centres was proceeded with, and problems continued to arise owing to the shortage of institutional accommodation caused by building restrictions at the Colony during the war. It also became necessary to envisage the changes in mental health administration which would be brought about by the impending legislation.

The coming into operation of the National Health Service Act in 1948 involved a complete re-organisation of the County service as far as the administration of the Lunacy Act, 1890, and the Mental Treatment Act, 1930, were concerned. Such duties had previously been carried out under the jurisdiction of the earlier Boards of Guardians and the subsequent Public Health and Assistance Committee of the County Council, but the County Council's scheme as approved by the Minister of Health now required that as from the ' appointed day ' (5th July, 1948), this service should be administered by the County Medical Officer under the Health Committee. For this purpose 27 ' duly

authorised officers ' were appointed, most of whom were drawn from the previous Relieving Officers in the County and were therefore very experienced in the work. These, together with the four mental deficiency and four lady supervision officers were distributed over ten sub-areas in the County and the organisation under the County Medical Officer's Department went smoothly into action on the ' change-over ' day.

In 1949, Dr. R. D. Fidler was appointed as a Senior Assistant Medical Officer in the mental health section, the previous assistant not having returned to the service after the war. A close co-operation was speedily established with the two Regional Hospital Boards who had taken over the Council's Institutions and whose task it now became to grapple with the ever-present problem of shortage of adequate patient accommodation. This problem, which provides the most frustrating factor of the work, is still present and no doubt will continue to be so for some time.

In 1951, Dr. Beasley left the service for another appointment, and it was two years before a satisfactory successor could be obtained. During this period the Deputy County Medical Officer, Dr. G. S. Wigley, who had had considerable experience of mental health work with the County Borough of West Ham, devoted much time to the development of the service on the wider scale which had been envisaged by the National Health Service Act. Attention was given to the problems of preventive work and after-care of mental illness; rehabilitation by means of therapeutic social clubs was encouraged; the first psychiatric social workers were engaged, and further methods to extend this important avenue of progress were explored. The vacant Principal Medical Officer's post was eventually filled by Dr. P. A. Bennett in the middle of 1953.

The above is but a brief chronological history of the growth of the service in the County during the past 40 years. A Mental Health Service, involving as it does on the one hand the liberty of the subject and on the other the provision of real help and understanding in what are often domestic tragedies, faces many problems both from a medical and administrative point of view. The essential principle is to preserve a balance between the careful observance of the governing statutes, and the human approach to the unfortunate subject and his relatives. It is a pleasant duty to record that, over the years in Middlesex, this aspect has been whole-heartedly encouraged by every successive controlling committee, irrespective of period or party."

CIVIL DEFENCE AMBULANCE SERVICE

Although the day-to-day administration of the peace-time ambulance service is in the hands of the Chief Officer of the Fire and Ambulance Service, the County Medical Officer of Health has been designated the officer in charge of the ambulance service which the County Council is required to provide in the exercise of its Civil Defence powers.

The immediate management of the Civil defence ambulance service is carried out by the Senior Ambulance Officer, Mr. F. Hannan, who has prepared the following report upon the progress of the service during the year under review.

REPORT OF THE SENIOR AMBULANCE OFFICER ON THE CIVIL DEFENCE AMBULANCE SERVICE

During the year under review volunteers were enrolled into the civil defence ambulance section in increasing numbers. By the end of the year the state of recruiting into this section was 2,747, the approved peace-time establishment being 2,386. Although this appears as over recruitment it was known that a few sub-divisions required more recruits and action was taken to bring them up to strength. An assessment of the success achieved in recruitment into the civil defence ambulance section shows that many volunteers, of whom the larger percentage are women, have been attracted by the worth while aspects of this service and in seeing the civil defence ambulance training vehicles out and about on the roads with volunteers doing their training.

In view of this healthy recruitment and the likely increase of work on civil defence ambulance training it was necessary to appoint an Assistant Ambulance Officer as the Senior Ambulance Officer and his deputy were occupied for most of their time on duties connected with the peace-time ambulance service. The Assistant Ambulance Officer, who was appointed towards the end of the year, concentrated largely on the peace-time ambulance service in conjunction with the Deputy Senior Ambulance Officer, with the Senior Ambulance Officer specialising on the increasing problems of the civil defence ambulance section.

It was evident that some volunteers would soon be completing their ambulance technical training. A plan was therefore prepared to enable such persons to gain experience at peace-time ambulance depots and so ensure that volunteers would be kept up-to-date by periodical training as auxiliaries.

Towards the end of the year steps were taken to encourage training by starting a civil defence ambulance section competition, the finals of which will take place in June, 1954.

Special training notes for the guidance of ambulance instructors were prepared and action taken to obtain additional visual aids as it was apparent that an increasing burden would soon fall on the section instructors.

Experience showed that instructors were faced with many difficulties in ensuring continuity of training. This meant some method was desirable whereby volunteers could be encouraged by interesting visits in the middle of their training, to peace-time depots. A start was made, therefore, on these class visits to ambulance depots.

A few redundant ambulances were received from the peace-time ambulance service. After these had been made roadworthy there were 16 civil defence ambulance section training ambulances available to sub-divisions by the end of the year.

Heads of Sections have now been appointed in all sub-divisions and as a result of the last instructors' course there are now 45 trained instructors available in the County.

A tactical study covering all aspects of civil defence took place in October. During this the Senior Ambulance Officer made a particular study of the casualty services and as a result some modification in planning was found necessary.

At the end of the year the training position for the civil defence ambulance section was :—

Approved peace-time establishment.	*Strength*		*Completed basic training.*	*Completed full first aid.*
	Nominal Effective	*Actual Effective*		
2,386	2,747	2,133	867	345

Undergoing ambulance sectional.	*Completed ambulance sectional.*	*Ambulance section instructors available.*	*Driving instructors available.*
707	226	45	56 (approx.)

Volunteers undergoing learner driving instruction

109

PUBLIC HEALTH ACT, 1936

NURSING HOMES

The County Council is the Authority responsible for the registration and supervision of nursing homes throughout the County with the exception of the Borough of Ealing. Routine visits are carried out by the authorised inspectors of the area health staff, and in addition one special inspection was made by one of the principal medical officers.

Two new homes were registered during the year.

At the end of the year there were 59 homes on the register as against 63 at the end of 1952. The number of beds for maternity cases was 61 as against 75 the previous year.

Revision of the Byelaws governing the standards and conduct of nursing homes has been in hand for some time and it is hoped that the new Byelaws may be approved by the Minister and sealed by the Council to take effect early in 1954.

NURSES ACT, 1942—PART II

NURSES AGENCIES

There were nine Nurses Agencies in existence at the end of 1953, and one visit was paid during the year.

STUDENT NURSE TRAINING

Mention was made in my report last year of an experiment in co-operation with the West Middlesex Hospital, whereby student nurses from that hospital were received in three of the Council's areas for one month, to gain an insight into the work of the local health authority. The scheme worked well on the whole, the student nurses were most enthusiastic and the Council's staff (health visitors, home nurses and in day nurseries) found it a stimulating experience. It had, however, two relatively small drawbacks. One was the length of each course—four weeks in each three months proved too great a burden—and the other the fact that students had not yet done any ward work but came to the Areas on completion of their three months probation in the Preliminary Training School.

A new nurse-training syllabus, approved by the General Nursing Council, is to come into force on January 1st, 1954. This makes obligatory, and preferably during the nurse's second year in hospital, some experience in the work of a local health authority. Approval of the County Council was therefore given to a scheme agreeable to the Area Nurse Training Committees (North East and North West Metropolitan) to include the whole County. The scheme provides for a week's experience for each student nurse, during which it will be possible for her to see all branches of the Council's service. In addition lectures will be given by senior members of the staff who will also take part in group discussions at the hospitals concerned with the students and their tutors. It will be interesting to see in the future if this scheme bears any fruit in the shape of additional recruits to the Council's own nursing staff.

LIAISON WITH HOSPITALS AND GENERAL PRACTITIONERS

The scheme mentioned in my last report has continued whereby certain of the County Council's assistant medical officers are given the opportunity of attending ward rounds and out-patient paediatric and ante-natal clinics at local hospitals, and selected medical officers working in the hospitals are given the opportunity of working in some of the County Council's maternity and child health clinics. Arrangements are operating in Areas 6 and 7 in conjunction with the Central Middlesex, West Middlesex and Perivale Maternity Hospitals.

The Central Middlesex Liaison Committee consisting of medical representatives of all branches of the health services in the boroughs of Acton and Willesden has continued its meetings which appear to meet a need and serve a very useful purpose.

The Liaison Sub-Committee of the North Middlesex Division of the British Medical Association which was started in 1952 and serves a similar purpose in the boroughs of Edmonton, Hornsey, Southgate, Tottenham and Wood Green held a number of meetings during the year.

INSPECTION AND SUPERVISION OF FOOD

Milk Production and Distribution—The Milk (Special Designation) (Specified Areas) Order, 1941, made under Section 23 of the Foods and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, specified, as from the 1st October, 1951, the Administrative County of Middlesex as an area within which all milk sold by retail for human consumption (other than catering sales), must be specially designated milk, i.e., sterilised, pasteurised, tuberculin tested or accredited milk from a single herd.

At the end of 1953, 107 farmers and farms were registered with the Middlesex Agricultural Executive Committee under the Milk and Dairies Regulations, 1949, and 59 "Tuberculin Tested" and 15 "Accredited" licences were held by farmers in the County of which one "Accredited" and six "Tuberculin Tested" licences were first issued during the year. Fifty-two of the herds belonging to holders of "Tuberculin Tested" licences were also attested under the Scheme of the Ministry of Agriculture and Fisheries. Thirty-seven licences were issued by the County Council during the year under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

Local authorities still retain powers connected with milk production in so far as they relate to diseases communicable to man. An important aspect of this work which is carried out by the County Council is the sampling of milk with a view to examination for the presence of tubercle bacilli. Samples of milk are taken by inspectors of the Public Control Department either in course of retail or at the farms of origin, when these are situated in Middlesex, and submitted to examination in the pathological laboratory of Harefield Hospital. The following tables shows the results which have been obtained for each of the last 10 years :—

Year	Number of samples for which a definite result was obtained.	Number containing living tubercle bacilli.	Percentage of tubercle infected milk.
(1)	(2)	(3)	(4)
1944	384	17	4·4
1945	376	8	2·1
1946	391	17	4·3
1947	352	10	2·8
1948	384	12	3·1
1949	384	3	0·7
1950	384	3	0·7
1951	384	3	0·7
1952	385	3	0·7
1953	384	7	1·8

Of the seven infected milk samples shown in the above table, six were produced in Middlesex and one in Buckinghamshire. Three cows were traced to farms in Middlesex and one to Buckinghamshire. All four cows were slaughtered.

The routine veterinary inspection of Middlesex herds is carried out by the Ministry of Agriculture. The Divisional Inspector of the Ministry furnishes the County Council with information as to the

results of veterinary inspections and tuberculin tests of Middlesex herds. The figures for the past six years are set out in the table below :—

Year.	Number of Clinical Examinations of Bovine Animals.	Number found in which Tuberculosis was suspected.	Number Slaughtered.	Number in which Diagnosis was not Confirmed.
(1)	(2)	(3)	(4)	(5)
1948	5,486	9	8	1
1949	6,172	5	5	—
1950	2,163	5	5	—
1951	3,832	7	7	—
1952	4,038	2	2	—
1953	2,922	3	3	—

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.—The sampling of milk under the above regulations is in the hands of the Public Control Department of the County Council. The following table sets out the results obtained from samples taken during the period 1st January to 31st December, 1953.

Description.	Passed.	Failed.	No Test Applied.	Number Examined.
(1)	(2)	(3)	(4)	(5)
Pasteurised and tuberculin tested pasteurised—				
Phosphatase test	1,671	3	—	1,674
Methylene blue test...	1,547	11	116	
Sterilised—				
Turbidity test	172	—	—	172
Total				1,846

Failures to comply with the prescribed tests were investigated by officers of the Public Control Department and steps were taken to prevent a recurrence.

Adulteration of Food.—The Acts and Regulations dealing with adulteration of food and drugs are administered by the Public Control Department of the County Council. I am indebted to Mr. J. A. O'Keefe, B.Sc.(Econ.), LL.B., Barrister-at-Law, Chief Officer of that Department, for information regarding this branch of work.

Food and Drugs Acts, 1938–1950.—During the year the officers of the Public Control Department procured a total of 9,399 samples of foods and drugs ; this total comprised 4,297 samples of milk and 5,102 samples other than milk of which 413 and 204 respectively were unsatisfactory. This increase in the number of unsatisfactory samples, as compared with the results for 1952, has been occasioned partly by the increase in the total number of samples procured during the year but mainly by an increase in the number of samples of new milk which, although below the presumptive standard set up by the Sale of Milk Regulations, 1939, had not been adulterated in any way, and also by a county-wide check on sales of hot milk and on sales of vinegar and non-brewed condiment. Seventy-three summonses under the Food and Drugs Act, 1938 were issued against offenders which include 26 summonses for adulterated hot milk, 17 for non-brewed condiment sold as vinegar, 10 for passing-off one kind of fish for another and four for selling adulterated spirits.

During the year inspections under the Labelling of Food Orders were made at 2,633 premises and a further 5,024 premises were visited, under the provisions of the Merchandise Marks Act, 1926, for the purpose of ascertaining whether there was full compliance with various Orders relating to the marking of certain imported foodstuffs exposed for sale. There were 29 summonses for failing to label, with an indication of origin, imported apples or tomatoes displayed for sale.

The 37 licensed dealer/processors of heat-treated milk were all inspected regularly throughout the year and 1,846 samples of pasteurised or sterilised milk were procured of which 14 failed to pass the prescribed tests ; this shows a considerable improvement on the preceding year. No prosecutions were instituted for these failures but, where appropriate, official cautions and/or advice were given.

384 samples of raw milk were procured for T.B. tests at the Harefield Hospital.

VISITORS

Once again the County Council's sheltered workshop at Tottenham and the Twickenham hostel for tuberculous men were the principal sources of attraction to visitors coming from outside the bounds of the County. While it seemed that the workshop made the greater appeal to visitors from abroad, special visits to the hostel were paid by senior administrative officers of a number of important English local health authorities, who were doubtless influenced by the housing difficulties which unfortunately are common to all authorities at the present time.

With regard to foreign visitors to County Council establishments, the following countries were represented—Australia, Ceylon, Fiji, India, Irak, Israel, Italy and Pakistan. Most of these visits were arranged through the British Council of the World Health Organisation. From remarks made by some of the visitors it seems that seekers after general information made application to the World Health Organisation in the first instance and those particularly interested in tuberculosis were advised to visit Middlesex as being " the most progressive authority in England for tuberculosis welfare."

APPENDIX

STAFF

County Medical Officer of Health and Principal School Medical Officer :

A. C. T. Perkins, *M.C.*, M.D., B.S., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer :

G. S. Wigley, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officers :

Mental Health Service	P. A. Bennett, M.B., Ch.B. (Appointed 1.8.53).
Care and After Care Service ...	J. F. Macgregor, L.R.C.P., L.R.C.S., D.P.H.
School Health Service	Mrs. E. J. Madeley, M.B., Ch.B., D.P.H., D.M.R. & E.
Maternity and Child Welfare Service	Miss D. Taylor, M.A., M.B., B.S., L.R.C.P., M.R.C.S., D.P.H.

These are the primary duties of the Principal Medical Officers but they carry out other duties including deputising for one another.

Chest Physicians:

(Joint appointments by County Council and Regional Hospital Boards.)

P. E. Baldry, M.B., B.S., M.R.C.P. (Appointed 12.11.53).
Miss B. A. Butterworth, M.B., M.R.C.P., M.R.C.S.
J. Vernon Davies, *M.C.*, M.D., M.B., B.S., M.R.C.P.
R. Heller, M.D.
H. Climie, M.D., Ch.B., D.P.H.
T. A. C. McQuiston, M.D., M.B., D.P.H.
R. Grenville-Mathers, M.A., M.B., B.Chir., Ph.D.
J. T. Nicol-Roe, M.D., Ch.B., D.P.H.
C. H. C. Toussaint, M.R.C.S., L.R.C.P., D.P.H.
H. J. Trenchard, M.B., Ch.B., M.R.C.P.

Chief Dental Officer and Principal School Dental Officer :

J. V. Bingay, *M.B.E.*, L.D.S.R.C.S.

Senior Medical Officer—Mental Health :

Miss R. D. Fidler, M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer—London and Northolt Airports :

L. H. Thomas, M.R.C.S., L.R.C.P. (Deceased 19.5.53).

W. A. Bullen, L.R.C.P., L.R.C.S., L.M., D.T.M., D.T.H. (Appointed 1.8.53).

Special Services Almoners :

Miss D. Myer.

Miss I. B. Munro (Assistant Almoner).

Rehabilitation Workshops—Tottenham :

Supervisor/Instructor—W. R. Osment.

Mother and Baby Homes :

Amherst Lodge, Ealing.—Matron—Miss F. M. Dilley, S.R.N., S.C.M.

Belle Vue, Willesden.—Matron—Miss W. M. Byford, S.R.N., S.C.M.

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Area	*Area Medical Officers :*	*Area Dental Officers :*
No. 1	W. D. Hyde, M.B., Ch.B., D.P.H. D. Regan, B.A., B.Sc., M.B., Ch.B., D.P.H.	E. Underhill, L.D.S.R.C.S.
No. 2	W. C. Harvey, M.D., D.P.H.	G. S. Williams, L.D.S.R.C.S.
No. 3	G. Hamilton Hogben, M.R.C.S., D.P.H.	V. Sainty, L.D.S.R.C.S.
No. 4	A. F. Adamson, M.D., D.P.H. A. A. Turner, *M.C.*, M.D., D.P.H.	K. C. B. Webster, L.D.S.R.C.S.
No. 5	Caryl Thomas, M.D., B.Sc., D.P.H., Barrister-at-Law.	A. G. Brown, L.D.S.R.C.S.
No. 6	E. Grundy, M.D., D.P.H. S. Leff, M.D., D.P.H., Barrister-at-Law	Miss A. S. Stewart, L.D.S. (U.St.And.).
No. 7	W. G. Booth, M.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. G. E. B. Payne, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	A. H. Millett, L.D.S.R.C.S.
No. 8	O. C. Dobson, M.D., D.P.H., D.P.A., Barrister-at-Law.	G. M. Davie, L.D.S.R.F.P.S.(Glas.).
No. 9	A. Anderson, M.D., D.P.H.	E. E. Lewis, L.D.S. U.Brist.
No. 10	J. Maddison, M.D., B.S., D.P.H.	O. H. Minton, L.D.S. U.Brist.

County Council Establishments of :—

Area Medical Officers	10
Deputy Area Medical Officers	10
Senior Assistant Medical Officers	10
Assistant Medical Officers...	87
Senior Airport Medical Officer	1
Airport Medical Officers	5
Area Dental Officers	10
Orthodontists	13
Dental Officers	92
Dental Attendants...	128
Area Superintendent of Home Nurses and Non-Medical Supervisor of Midwives	10
Nurses Home Superintendents	4
District Midwives	150
Home Nurses	300
Area Superintendent Health Visitors	10
Deputy Superintendent Health Visitor	1
Health Visitors and School Nurses	346
Tuberculosis Visitors	43
Home Help Organisers	10
Home Helps	1,250
Chest Clinic Welfare Officers	10
Chest Clinic Assistant Welfare Officers	7
Psychiatric Social Workers	5
Mental Welfare Officers	24
Lady Supervision Officers	4
Occupation Centre Supervisors	9
Occupation Centre Assistant Supervisors and Trainees	29
Adult Occupation Centre Supervisor/Instructor	1
Adult Occupation Centre Assistant Instructor	1

Statistical Tables

Table 1

Acreage and Population

Boroughs and Urban Districts.	Acreage. (*a*)	Census population.(*b*)			Registrar General's estimated home population, June, 1953.	Number of separately rated dwellings, 1st April, 1953.	Average number of persons per dwelling.
		1921.	1931.	1951.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Acton (Borough) ...	2,319	60,817	70,008	67,471	67,640	18,070	3·7
Brentford and Chiswick (Borough) ...	2,332	58,499	63,217	59,367	59,560	15,589	3·8
Ealing (Borough) ...	8,781	90,312	116,771	187,323	186,100	50,373	3·7
Edmonton (Borough)	3,895	66,807	77,658	104,270	101,400	27,969	3·6
Enfield	12,399	60,464	67,752	110,465	109,300	30,118	3·6
Feltham	4,925	11,394	16,066	44,861	47,090	12,077	3·9
Finchley (Borough)	3,478	46,628	59,113	69,991	70,150	19,488	3·6
Friern Barnet ...	1,340	17,137	22,715	29,163	28,260	7,488	3·8
Harrow	12,555	49,020	96,656	219,494	217,900	61,537	3·5
Hayes and Harlington	5,159	9,042	22,969	65,596	65,080	17,346	3·8
Hendon (Borough) ...	10,369	57,566	115,640	155,857	155,500	42,354	3·7
Heston and Isleworth (Borough)	7,218	47,463	76,254	106,847	105,100	28,322	3·7
Hornsey (Borough) ...	2,872	87,632	95,416	98,159	98,510	24,104	4·1
Potters Bar	6,129	3,222	5,720	17,172	17,210	5,079	3·4
Ruislip-Northwood ...	6,583	9,112	16,035	68,288	72,130	20,331	3·5
Southall (Borough) ...	2,608	30,165	38,839	55,896	54,910	14,018	3·9
Southgate (Borough)	3,765	39,525	56,063	73,377	72,110	21,173	3·4
Staines	8,271	17,060	21,336	39,995	40,170	10,787	3·7
Sunbury	5,609	9,902	13,449	23,394	23,840	6,660	3·6
Tottenham (Borough)	3,013	146,726	157,667	126,929	124,400	29,278	4·2
Twickenham (Borough)	7,014	69,948	79,299	105,663	105,300	28,868	3·6
Uxbridge	10,240	20,626	31,887	55,960	56,000	14,684	3·8
Wembley (Borough)...	6,294	18,239	65,799	131,384	129,600	37,726	3·4
Willesden (Borough)	4,634	165,742	185,025	179,697	178,500	43,674	4·1
Wood Green (Borough)	1,606	50,791	54,308	52,228	51,470	13,883	3·7
Yiewsley and West Drayton	5,276	9,163	13,066	20,468	22,470	5,651	4·0
The County ...	148,688	1,253,002	1,638,728	2,269,315	2,259,700	606,647	3·7

Notes :—

(*a*) The district acreages are given to the nearest whole number, consequently the aggregate does not equal that for the County as a whole.

(*b*) All the census populations have been adjusted to relate to the districts as constituted in 1951.

Table 2.

Causes of Death at Different Periods of Life in the Administrative County of Middlesex, 1953.

Causes of Death. (1)	All Ages. (2)	0— (3)	1— (4)	5— (5)	15— (6)	25— (7)	45— (8)	65— (9)	75— (10)
1. Tuberculosis—respiratory ...	327	—	2	1	7	91	129	78	19
2. Tuberculosis—other... ...	35	1	1	2	2	9	9	3	8
3. Syphilitic disease	72	—	—	—	—	3	25	21	23
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping cough	9	7	2	—	—	—	—	—	—
6. Meningococcal infections ...	8	2	4	1	1	—	—	—	—
7. Acute poliomyelitis ...	27	—	1	12	3	10	1	—	—
8. Measles	7	—	3	4	—	—	—	—	—
9. Other infective and parasitic diseases	48	1	1	5	4	7	18	8	4
10. Malignant neoplasm—stomach	550	—	—	—	—	25	194	153	178
11. Malignant neoplasm—lung, bronchus	893	—	—	—	1	51	473	269	99
12. Malignant neoplasm—breast	421	—	—	—	—	38	194	111	78
13. Malignant neoplasm—uterus	173	—	—	—	—	7	85	42	39
14. Other malignant and lymphatic neoplasms ...	2,224	—	3	13	16	145	775	610	662
15. Leukaemia aleukaemic ...	103	—	6	9	3	11	31	28	15
16. Diabetes	120	—	—	1	2	6	19	43	49
17. Vascular lesions of nervous system	2,631	—	—	1	8	53	529	737	1,303
18. Coronary disease angina ...	3,106	2	—	—	1	72	967	1,050	1,014
19. Hypertension with heart disease	572	—	—	—	—	1	96	178	297
20. Other heart disease	2,897	1	—	3	8	95	359	551	1,880
21. Other circulatory disease ...	1,088	—	—	1	1	23	182	276	605
22. Influenza	337	—	—	2	1	10	62	86	176
23. Pneumonia	1,142	109	6	7	4	20	152	259	585
24. Bronchitis	1,693	12	8	1	1	17	422	526	706
25. Other diseases of the respiratory system	161	3	5	3	3	6	58	39	44
26. Ulcer of stomach and duodenum	255	—	—	—	1	10	81	80	83
27. Gastritis, enteritis and diarrhoea	123	21	2	—	1	7	22	28	42
28. Nephritis and nephrosis ...	203	1	—	3	5	28	75	42	49
29. Hyperplasia of prostate ...	164	—	—	—	—	—	19	39	106
30. Pregnancy, childbirth, abortion	22	—	—	—	2	20	—	—	—
31. Congenital malformations ...	196	124	14	12	4	19	16	5	2
32. Other defined and ill defined diseases	1,690	331	19	19	17	123	384	319	478
33. Motor vehicle accidents ...	213	—	3	13	34	49	49	28	37
34. All other accidents	429	12	8	12	16	45	86	71	179
35. Suicide	181	—	—	—	11	36	86	39	9
36. Homicide and operations of war	8	2	—	2	3	1	—	—	—
All causes... ...	22,128	629	88	127	160	1,038	5,598	5,719	8,769
Proportionate age group mortality	100	2·8	0·4	0·6	0·7	4·7	25·3	25·8	39·6

Table 3.

Vital Statistics, 1953—Health Areas.

Health Areas.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Health Areas.
		Live.			Still.			Total.									
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Area 1	210,700	2,538	89	2,627	49	1	50	2,587	90	2,677	12·5	18·7	2,135	10·1	56	21·3	Area 1
Area 2	169 050	1,887	60	1,947	38	2	40	1,925	62	1,987	11·5	20·1	1,948	11·5	50	25·7	Area 2
Area 3	222,910	2,879	155	3,034	68	2	70	2,947	157	3,104	13·6	22·6	2,430	10·9	74	24·4	Area 3
Area 4	225,650	2,769	141	2,910	49	3	52	2,818	144	2,962	12·9	17·6	2,244	9·9	52	17·9	Area 4
Area 5	217,900	2,614	107	2,721	68	3	71	2,682	110	2,792	12·5	25·4	1,925	8·8	46	16·9	Area 5
Area 6	308,100	3,928	217	4,145	88	6	94	4,016	223	4,239	13·5	22·2	2,825	9·2	90	21·7	Area 6
Area 7	253,740	3,193	166	3,359	55	6	61	3,248	172	3,420	13·2	17·8	2,515	9·9	67	19·9	Area 7
Area 8	215,680	3,056	137	3,193	58	3	61	3,114	140	3,254	14·8	18·7	1,625	7·5	74	23·2	Area 8
Area 9	219,570	2,708	125	2,833	53	6	59	2,761	131	2,892	12·9	20·4	2,402	10·9	61	21·5	Area 9
Area 10	216,400	3,087	137	3,224	40	—	40	3,127	137	3,264	14·9	12·3	2,079	9·6	59	18·3	Area 10
The County...	2,259,700	28,659	1,334	29,993	566	32	598	29,225	1,366	30,591	13·3	19·5	22,128	9·8	629	21·0	The County

(C 6485)c c 5

Table 4.

Vital Statistics, 1953—Sanitary Districts.

Sanitary district.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Birth comparability factor.*	Adjusted birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Death comparability factor.*	Adjusted death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Sanitary district.
		Live.			Still.			Total.													
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Acton	67,640	842	53	895	19	1	20	861	54	915	13·2	0·93	12·3	21·9	707	10·4	0·98	10·2	23	25·7	Acton.
Brentford and Chiswick ...	59,560	807	45	852	21	1	22	828	46	874	14·3	0·93	13·3	25·2	605	10·2	0·95	9·7	17	20·0	Brentford and Chiswick.
Ealing	186,100	2,351	113	2,464	36	5	41	2,387	118	2,505	13·2	0·96	12·7	16·4	1,808	9·7	1·05	10·2	44	17·9	Ealing.
Edmonton	101,400	1,233	40	1,273	30	—	30	1,263	40	1,303	12·6	0·95	12·0	23·0	980	9·7	1·11	10·8	32	25·1	Edmonton.
Enfield	109,300	1,305	49	1,354	19	1	20	1,324	50	1,374	12·4	0·99	12·3	14·6	1,155	10·6	1·08	11·4	24	17·7	Enfield.
Feltham	47,090	737	36	773	12	—	12	749	36	785	16·4	0·99	16·2	15·3	353	7·5	1·48	11·1	19	24·6	Feltham.
Finchley	70,150	862	40	902	17	1	18	879	41	920	12·9	0·95	12·3	19·6	765	10·9	0·89	9·7	20	22·2	Finchley.
Friern Barnet	28,260	336	7	343	7	—	7	343	7	350	12·1	1·05	12·7	20·0	450	15·9	0·94	14·9	8	23·3	Friern Barnet.
Harrow	217,900	2,614	107	2,721	68	3	71	2,682	110	2,792	12·5	1·02	12·8	25·4	1,925	8·8	1·14	10·0	46	16·9	Harrow.
Hayes and Harlington	65,080	911	48	959	17	1	18	928	49	977	14·7	0·94	13·8	18·4	465	7·1	1·50	10·7	24	25·0	Hayes and Harlington.
Hendon	155,500	1,907	101	2,008	32	2	34	1,939	103	2,042	12·9	0·94	12·1	16·7	1,479	9·5	1·04	9·9	32	15·9	Hendon.
Heston and Isleworth	105,100	1,219	49	1,268	22	2	24	1,241	51	1,292	12·1	0·99	12·0	18·6	1,066	10·1	1·03	10·4	23	18·1	Heston and Isleworth.
Hornsey	98,510	1,312	80	1,392	26	—	26	1,338	80	1,418	14·1	0·92	13·0	18·3	1,083	11·0	0·88	9·7	31	22·3	Hornsey.
Potters Bar	17,210	234	10	244	5	1	6	239	11	250	14·2	0·96	13·6	24·0	143	8·3	1·12	9·3	4	16·4	Potters Bar.
Ruislip-Northwood	72,130	844	33	877	18	1	19	862	34	896	12·2	1·01	12·3	21·2	542	7·5	1·17	8·8	19	21·7	Ruislip-Northwood.
Southall	54,910	682	31	713	10	3	13	692	34	726	13·0	0·99	12·9	17·9	731	13·3	1·07	14·2	21	29·5	Southall.
Southgate	72,110	740	20	760	12	1	13	752	21	773	10·5	1·09	11·4	16·8	838	11·6	0·79	9·2	21	27·6	Southgate.
Staines	40,170	621	31	652	6	—	6	627	31	658	16·2	0·96	15·6	9·1	336	8·4	1·11	9·3	6	9·2	Staines.
Sunbury	23,840	385	18	403	2	—	2	387	18	405	16·9	0·94	15·9	4·9	244	10·2	1·12	11·4	6	14·9	Sunbury.
Tottenham	124,400	1,567	75	1,642	42	2	44	1,609	77	1,686	13·2	0·95	12·5	26·1	1,347	10·8	1·03	11·1	43	26·2	Tottenham.
Twickenham	105,300	1,344	52	1,396	20	—	20	1,364	52	1,416	13·3	1·02	13·6	14·1	1,146	10·9	0·92	10·0	28	20·1	Twickenham.
Uxbridge	56,000	902	34	936	15	1	16	917	35	952	16·7	0·93	15·5	16·8	454	8·1	1·19	9·6	22	23·5	Uxbridge.
Wembley	129,600	1,437	53	1,490	33	3	36	1,470	56	1,526	11·5	1·00	11·5	23·6	1,124	8·7	1·10	9·6	30	20·1	Wembley.
Willesden	178,500	2,491	164	2,655	55	3	58	2,546	167	2,713	14·9	0·90	13·4	21·4	1,701	9·5	1·08	10·3	60	22·6	Willesden.
Wood Green	51,470	577	23	600	14	—	14	591	23	614	11·7	0·98	11·5	22·8	517	10·0	0·92	9·2	17	28·3	Wood Green.
Yiewsley and West Drayton ...	22,470	399	22	421	8	—	8	407	22	429	18·7	0·92	17·2	18·6	164	7·3	1·29	9·4	9	21·4	Yiewsley and West Drayton.
The County	2,259,700	28,659	1,334	29,993	566	32	598	29,225	1,366	30,591	13·3	0·97	12·9	19·5	22,128	9·8	1·05	10·3	629	21·0	The County.

* The birth rate is calculated on the total population of the area. Clearly a population with a high proportion of women of child bearing age can be expected to have a higher birth rate than one with a lower proportion of such women even though the fertility rates of women (of the same age) were the same in both populations. Similarly a population with a high proportion of old people can be expected to have a higher death rate than one with a lower proportion of such persons.

The Comparability Factors are a means of getting over these difficulties for purposes of comparison ; the adjusted rates, though useful, are fictitious.

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Table 5

Birth Rate

Year. (1)	Live birth rate per 1,000 estimated mid-year population. Middlesex. (2)	London. (3)	England and Wales. (4)
1946	19·4	21·2	20·2
1947	19·6	21·8	21·1
1948	16·1	18·2	18·1
1949	14·9 (13·9)	16·8 (15·3)	16·9
1950	13·9 (12·8)	15·6 (14·2)	15·9
1951	13·4 (12·3)	15·6 (14·0)	15·5
1952	13·3 (12·2)	15·3 (13·9)	15·3
1953	13·3 (12·9)	17·5 (15·2)	15·5

Notes.—Rates for the years 1946–49 are based on civilian population.

Rates for 1950–1953 are based on home population.

Figures in brackets represent rates, adjusted for valid area comparisons by Registrar General's comparability factors.

The rates for 1953 are provisional and subject to correction.

Table 6.

Infant Mortality.

Year. (1)	Middlesex. Live births. (2)	Middlesex. Deaths under one year. (3)	Middlesex. Rate per 1,000 related live births. (4)	London. Rate per 1,000 related live births. (5)	England and Wales. Rate per 1,000 related live births. (6)
1940	28,873	1,448	50·2	50	55
1941	25,512	1,327	52·0	68	59
1942	33,150	1,558	47·0	60	49
1943	35,339	1,536	43·5	58	49
1944	36,380	1,327	36·5	61	46
1945	33,398	1,296	38·8	53	46
1946	42,108	1,246	29·6	41	43
1947	43,955	1,386	31·5	37	41
1948	36,561	961	26·3	31	34
1949	33,833	818	24·2	29	32
1950	31,524	690	21·9	26	30
1951	30,469	719	23·6	25	30
1952	30,274	635	21·0	23	28
1953 (*a*)...	29,993	629	21·0	25	27

(*a*) 1953 figures provisional.

Table 7.

Maternal Mortality.

Mortality per 1,000 Total (Live and Still) Births. Maternal Mortality Not due to Abortion.

Year.	Infection during childbirth and the puerperium.		Other diseases and accidents of pregnancy and parturition.		All causes excluding abortion.	
	Middlesex.	England and Wales.	Middlesex.	England and Wales.	Middlesex.	England and Wales.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1942	0·29	0·42	1·35	1·60	1·64	2·02
1943	0·44	0·39	1·24	1·44	1·68	1·83
1944	0·11	0·28	0·80	1·24	0·91	1·52
1945	0·09	0·24	0·64	1·23	0·73	1·47
1946	0·16	0·18	0·95	1·06	1·11	1·24
1947	0·18	0·16	0·81	0·86	0·99	1·02
1948	0·08	0·13	0·67	0·74	0·75	0·87
1949	0·12	0·11	0·67	0·71	0·79	0·82
1950	0·16	0·03	0·51	0·69	0·67	0·72
1951	0·03	0·10	0·35	0·55	0·39	0·65
1952	0·16	0·30	0·23	0·29	0·39	0·59
1953	0·10	0·10	0·52	0·55	0·62	0·65

Table 8

Incidence of Sickness in Middlesex Based on First Applications for Sickness Benefit Received by the Ministry of National Insurance

Quarter ending with the last Thursday in	First applications for sickness benefit.		
	1951	1952	1953
March	154,248	107,655	147,084
June	66,914	69,520	65,566
September	54,265	53,538	49,648
December	79,582	94,540	77,857
Total for year	355,009	325,253 (*a*)	340,155
Number of applications for sickness benefit which might reasonably be expected during 13 weeks of a normal winter period	81,700	81,588	66,430

(*a*) 53 weeks.

TABLE 9.

CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES, 1953.

Boroughs and Urban Districts.	Scarlet fever.	Whooping cough.	Acute poliomyelitis.	Acute polio-encephalitis.	Measles.	Diphtheria.	Acute pneumonia.	Dysentery.	Smallpox.	Acute encephalitis lethargica.	Enteric fever.	Paratyphoid fever.	Erysipelas.	Meningococcal infection.	Puerperal pyrexia.	Ophthalmia neonatorum.	Food poisoning.	Other notifiable diseases.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Acton (Borough)	73	178	5	1	548	—	18	15	—	—	—	—	2	3	11	—	14	—
Brentford and Chiswick (Borough)	65	141	6	—	810	—	43	11	—	—	—	—	3	1	18	—	23	1 M
Ealing (Borough)	233	491	14	—	2,568	—	231	73	—	—	—	2	18	3	60	—	10	3 M
Edmonton (Borough)	220	204	6	—	1,207	1	163	426	—	—	2	5	23	4	184	19	17	1 M
Enfield	177	456	10	2	1,315	—	100	155	—	—	—	—	19	7	51	15	26	3 M
Feltham	38	127	8	—	381	—	24	5	—	—	—	—	—	1	—	1	8	1 M
Finchley (Borough)	69	165	11	—	857	—	49	14	—	—	2	1	2	—	56	—	11	2 M
Friern Barnet	31	32	2	—	395	—	21	13	—	—	—	—	3	—	—	—	4	—
Harrow	213	494	18	1	2,462	—	130	9	—	—	2	1	28	4	13	1	7	—
Hayes and Harlington	84	257	7	—	938	—	101	1	—	—	—	—	7	2	12	—	—	1 M
Hendon (Borough)	217	407	19	—	2,096	1	123	46	—	—	—	1	20	1	151	49	23	2 M
Heston and Isleworth (Borough)	161	291	11	—	602	—	78	12	—	—	—	—	16	1	67	13	53	3 M
Hornsey (Borough)	130	332	15	—	1,160	—	89	120	—	—	1	2	12	—	18	1	12	—
Potters Bar	22	142	1	—	381	—	9	3	—	—	—	—	2	—	—	—	—	—
Ruislip-Northwood	79	512	12	—	1,051	—	143	5	—	—	—	—	30	—	9	1	2	—
Southall (Borough)	131	563	4	1	930	—	103	9	—	—	—	—	14	2	7	—	13	1 M
Southgate (Borough)	134	132	4	—	1,138	—	47	95	—	—	—	1	14	—	2	—	14	—
Staines	46	79	4	—	484	—	19	8	—	—	—	—	2	1	—	—	5	—
Sunbury	15	55	6	—	320	—	7	—	—	—	—	—	—	3	1	—	1	1 C.P.
Tottenham (Borough)	215	360	11	1	1,020	1	127	143	—	—	—	1	19	—	1	—	30	4 M
Twickenham (Borough)	99	251	10	—	729	—	105	30	—	—	1	—	11	1	12	3	60	1 M
Uxbridge	47	222	7	—	1,222	—	66	5	—	—	—	—	42	1	90	—	—	—
Wembley (Borough)	127	282	15	1	1,777	—	74	25	—	—	—	2	14	—	2	1	15	1 M
Willesden (Borough)	210	450	14	2	2,383	1	208	139	—	—	—	3	21	6	150	3	9	—
Wood Green (Borough)	68	202	5	1	776	—	44	51	—	—	—	—	4	1	—	1	6	1 M
Yiewsley and West Drayton	24	90	4	—	347	—	38	2	—	—	—	1	3	1	3	1	10	—
THE COUNTY	2,928	6,915	229	10	27,897	4	2,160	1,415	—	—	8	20	329	43	918	109	373	25 M 1 C.P.

M—Malaria. CP—Chicken Pox.

Table 10

Age Distribution of notified Cases and of Deaths, Acute Poliomyelitis, 1953.

Number of cases	Age in years.					All ages.
	Under 1.	1—	5—	15—	25 and over.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1953						
First quarter	—	4	9	3	3	19
Second quarter	—	12	19	3	6	40
Third quarter	2	24	62	16	36	141 (*a*)
Fourth quarter	—	6	8	3	11	29 (*a*)
Whole year	2	46	98	25	56	229 (*b*)
Number of deaths ...	—	1	12	3	11	27

(*a*) Includes 1 case, age unknown. (*b*) Includes 2 cases, ages unknown.

Table 11.

Number of Notifications Received of Persons Primarily Vaccinated or Re-Vaccinated during 1953.

Area.	Age in years.				
	Under 1.	1—4.	5—14.	15 or over.	All ages.
(1)	(2)	(3)	(4)	(5)	(6)
1	774	183	86	404	1,447
2	898	128	92	590	1,708
3	1,594	115	84	430	2,223
4	1,450	267	162	1,132	3,011
5	1,283	257	145	710	2,395
6	1,754	212	155	829	2,950
7	1,042	271	181	570	2,064
8	1,298	176	269	716	2,459
9	1,368	204	119	483	2,174
10	1,519	166	126	513	2,324
Airports	—	—	—	38	38
The County ...	12,980	1,979	1,419	6,415	22,793

TABLE 12.

DIPHTHERIA.

Year. (1)	Cases notified. (2)	Fatal cases. (3)	Number of children under 15 years immunised during the year (primary plus booster injections). (4)
1940	929	42	—
1941	980	59	—
1942	769	53	197,796
1943	618	24	49,830
1944	266	14	23,528
1945	331	19	31,326
1946	350	13	45,857
1947	129	3	48,414
1948	57	5	54,721
1949	23	—	49,083
1950	10	2	40,398
1951	4	—	52,065
1952	2	1	49,951
1953	4	—	50,076

TABLE 13.

NUMBER OF CHILDREN IMMUNISED AND GIVEN REINFORCING INJECTIONS AGAINST DIPHTHERIA DURING 1953.

Area. (1)	Number of children immunised.			Number of children given reinforcing injections. (5)
	Under 5 years. (2)	5–14 years. (3)	Total, aged 0–14 years. (4)	
1	2,094	329	2,423	3,489
2	1,400	551	1,951	4,207
3	2,542	124	2,666	2,531
4	2,036	107	2,143	2,889
5	2,125	99	2,224	770
6	2,765	281	3,046	1,705
7	2,345	187	2,532	3,610
8	2,489	164	2,653	2,641
9	2,068	117	2,185	1,277
10	2,139	173	2,312	2,822
COUNTY	22,003	2,132	24,135	25,941

Table 14.

Number of Children who had been Immunised against Diphtheria up to 31st December, 1953.

Area.	Number of children protected to date according to age and year of primary or secondary injections.						
	Under 5	Age 5–14 years			Total under 15 years.		
	Immunised 1949—1953.	Immunised 1949—1953.	Immunised 1948 or before.	Total Immunised 1953 or before.	Immunised 1949—1953.	Immunised 1948 or before.	Total Immunised 1953 or before.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	8,436	16,873	12,702	29,575	25,309	12,702	38,011
2	5,973	16,099	5,096	21,195	22,072	5,096	27,168
3	8,276	7,617	14,364	21,981	15,893	14,364	30,257
4	8,841	14,144	12,890	27,034	22,985	12,890	35,875
5	9,066	5,870	19,859	25,729	14,936	19,859	34,795
6	10,706	18,890	22,025	40,915	29,596	22,025	51,621
7	10,154	16,763	14,678	31,441	26,917	14,678	41,595
8	9,121	14,627	15,804	30,431	23,748	15,804	39,552
9	8,289	7,972	16,362	24,334	16,261	16,362	32,623
10	8,130	12,170	15,795	27,965	20,300	15,795	36,095
County	86,992	131,025	149,575	280,600	218,017	149,575	367,592
Estimated mid-year child population ...	155,400	310,600			466,000		
Percentage of protected population in age group ...	56·0	42·2	48·2	90·3	46·8	32·1	78·9

TABLE 15

SUMMARY OF WORK OF CHEST CLINICS, 1953

(1)	Ashford. (2)	Ealing. (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar (9)	Tottenham (10	Uxbridge. (11)	Willesden. (12)	The County. (13)
Population in area served (approx.)	154,270	253,740	224,360	210,700	269,030	198,290	226,790	17,210	175,870	270,590	258,850	2,259,700
Persons examined for the first time during the year	190	2,188	8,295	3,799	4,964	7,354	4,653	213	3,873	4,753	3,465	43,747
Persons seen for the first time found to be tuberculous	15	341	165	270	254	213	508	10	212	263	253	2,504
New contacts seen for the first time during the year	32	830	1,899	1,200	1,549	1,034	1,612	20	1,020	965	1,033	11,194
New contacts found to be tuberculous	—	27	8	18	29	27	53	—	31	12	26	231
Cases on register at 31st December, 1953	1,118	2.443	1,764	1,910	2,090	1,895	1,997	145	1,983	2,524	2,533	20,402
Home visits by tuberculosis visitors during 1953...	28	4,775	4,491	4,224	6,972	3,984	8,613	440	4,431	6,353	6,940	51,251

Note.—Ashford Chest Clinic opened on 16th November, 1953, and dealt with part of population previously attending Hounslow.

TABLE 16

SUMMARY OF THE WORK OF TUBERCULOSIS WELFARE OFFICERS, 1953

	Ashford.	Ealing.	Edgware.	Edmonton.	Finchley.	Harrow.	Hounslow.	Potters Bar.	Tottenham.	Uxbridge.	Willesden.	County.
Patients dealt with by the Welfare Officer	93	920	901	1,050	715	629	1,914	14	1,100	963	1,025	9,324
Patients who consulted the Welfare Officer regarding employment or training	8	137	181	146	86	92	378	4	149	169	150	1,500
Number for whom employment or training was found	4	117	119	113	48	72	302	3	88	136	96	1,098
Individual patients referred to the National Assistance Board for grants for:—												
(*a*) Bedding	—	15	21	8	7	8	21	—	8	14	10	112
(*b*) Clothing	—	20	31	21	7	11	38	—	27	26	31	212
(*c*) Extra nourishment	1	10	6	3	14	19	41	—	41	8	38	181
(*d*) Any other purpose	3	138	162	199	86	94	190	4	219	127	183	1,405
Total individual patients referred to the National Assistance Board ...	4	174	198	217	107	112	236	4	249	148	231	1,680
Cases recommended for re-housing ...	2	109	144	102	64	48	92	1	208	73	123	966
Families re-housed	—	28	46	21	30	25	65	—	38	30	17	300
Contacts first received into care by the Children's Officer during the year:—												
(*a*) For B.C.G. vaccination only	—	7	5	3	5	7	2	—	4	5	3	41
(*b*) Otherwise than for B.C.G. vaccination only	10	11	7	21	8	12	6	1	13	19	5	113

Note.—Ashford Chest Clinic opened on 16th November, 1953.

Table 17

New Cases of, and Deaths from Tuberculosis, Notified to Medical Officers of Health during 1953, Classified into Age Groups

Age in years.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Under 1	3	1	1	1	—	—	1	—
1—	26	23	10	5	1	1	1	—
5—	41	33	9	16	—	1	—	2
10—	23	29	11	4				
15—	107	119	4	12	—	7	1	1
20—	129	188	8	15				
25—	262	310	14	35	50	41	5	4
35—	202	147	14	18				
45—	240	69	18	13	101	28	6	3
55–65	150	40	9	9				
Over 65	101	21	7	10	70	27	5	6
All Ages ...	1,284	980	105	138	222	105	19	16

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Table 18

Notification of Tuberculosis Cases and Deaths, 1924–1953

Year.	Estimated County civilian population (mid-year).	Formal notifications.						Deaths registered.					
		All forms.		Pulmonary.		Non-pulmonary.		All forms.		Pulmonary.		Non-pulmonary.	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1924	1,289,320	1,982	1·54	1,635	1·27	347	·27	1,188	·92	986	·76	202	·16
1925	1,302,950	1,982	1·52	1,630	1·25	352	·27	1,097	·84	922	·71	175	·13
1926	1,325,260	2,009	1·52	1,655	1·25	354	·27	1,138	·86	944	·71	194	·15
1927	1,352,040	2,015	1·50	1,621	1·20	394	·30	1,193	·88	1,024	·76	169	·12
1928	1,416,600	1,819	1·28	1,478	1·04	341	·24	1,071	·76	909	·64	162	·12
1929	1,458,810	1,911	1·31	1,606	1·10	305	·21	1,215	·83	1,058	·73	157	·10
1930	1,560,120	2,015	1·29	1.623	1·04	392	·25	1,164	·75	981	·63	183	·12
1931	1,639,300	2,120	1·29	1,749	1·07	371	·22	1,160	·71	989	·60	171	·11
1932	1,702,530	2,108	1·24	1,733	1·02	375	·22	1,144	·67	965	·57	179	·10
1933	1,756,820	2,082	1·19	1,750	1·00	332	·19	1,224	·70	1,046	·60	178	·10
1934	1,810,200	2,098	1·16	1,767	0·98	331	·18	1,266	·70	1,086	·60	180	·10
1935	1,866,800	2,151	1·15	1,826	0·98	325	·17	1,187	·64	1,028	·55	159	·09
1936	1,940,400	2,151	1·11	1,833	0·94	318	·17	1,257	·65	1,096	·56	161	·09
1937	2,014,500	2,312	1·15	1,932	0·96	380	·19	1,177	·58	1,008	·50	169	·08
1938	2,058,300	2,469	1·20	2,048	0·99	421	·21	1,109	·54	932	·45	177	·09
1939	2,056,100	2,313	1·12	1,952	0·95	361	·17	1,174	·57	1,012	·49	162	·08
1940	1,952,100	2,410	1·23	2,043	1·04	367	·19	1,217	·62	1,055	·54	162	·08
1941	1,874,900	2,804	1·49	2,435	1·29	369	·20	1,326	·70	1,154	·61	172	·09
1942	1,929,900	3,081	1·60	2,617	1·36	468	·24	1,204	·62	1,040	·54	164	·08
1943	1,938,000	3,110	1·60	2,675	1·38	435	·22	1,191	·61	1,042	·54	149	·07
1944	1,902,500	2,944	1·54	2,595	1·36	349	·18	1,066	·56	920	·48	146	·08
1945	1,958,000	2,879	1·47	2,504	1·28	375	·19	1,035	·53	900	·46	135	·07
1946	2,178,010	3,018	1·38	2,668	1·22	350	·16	1,039	·48	894	·41	145	·07
1947	2,248,180	3,010	1·34	2,704	1·20	306	·14	962	·43	855	·38	107	·05
1948	2,262,700	3,185	1·41	2,828	1·25	357	·16	907	·40	790	·35	117	·05
1949	2,273,180	3,021	1·33	2,746	1·21	275	·12	852	·38	765	·34	87	·04
1950	2,287,390*	2,776	1·21	2,477	1·08	299	·13	622	·27	567	·25	55	·02
1951	2,268,000*	2,727	1·20	2,416	1·07	311	·14	582	·26	528	·23	54	·02
1952	2,270,000*	2,474	1·09	2,208	0·97	266	·12	437	·19	386	·17	51	·02
1953	2,259,700*	2,507	1·11	2,264	1·00	243	·11	362	·16	327	·14	35	·02

All rates are per 1,000 population. * Home population.

Venereal Disease

TABLE 19

MIDDLESEX PATIENTS TREATED AT HOSPITALS

Persons dealt with at clinics for the first time and found to be suffering from	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Syphilis	705	682	533	385	356	279	235	195
Gonorrhoea	1,116	838	725	539	485	426	490	618
Other conditions ...	4,859	4,297	4,400	3,860	3,925	3,029	2,977	3,336
Totals... ...	6,680	5,817	5,658	4,784	4,766	3,734	3,702	4,149

Health Control of Airports

TABLE 20

WORK CARRIED OUT IN 1953

(1)	London Airport. (2)	Northolt Airport. (3)
Planes arriving	19,941	7,082
Passengers arriving:—		
British	316,414	86,980
Alien	225,467	43,608
Total	541,881	130,588
Planes issued with disinsectisation certificates	2,829	—
Sick passengers needing ambulance or car arrangements	622	161
Vaccinations carried out	31	7
Aliens inspected under Aliens Order	839	188
Aliens refused entry on medical certificate	6	1
Notifications sent to medical officers of health for surveillance of passengers	42	1

TABLE 21

Place of departure of planes arriving at London Airport.	1st January to 30th June, 1953. Number of		1st July to 31st December, 1953. Number of		Total, 1953.	
	Aircraft.	Passengers.	Aircraft.	Passengers.	Aircraft.	Passengers.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Excepted Area	3,288	90,478	4,465	140,083	7,753	230,561
Europe outside Excepted Area	2,735	59,299	3,918	103,094	6,653	162,393
North America	983	30,537	1,160	29,447	2,143	59,984
Central and South America ...	184	4,443	193	4,786	377	9,229
Africa	665	20,596	685	19,052	1,350	39,648
Asia	851	19,215	814	20,851	1,665	40,066
Total	8,706	224,568	11,235	317,313	19,941	541,881

TABLE 22

Place of departure of planes arriving at Northolt Airport.	1st January to 30th June, 1953. Number of		1st July to 31st December, 1953. Number of		Total, 1953.	
	Aircraft.	Passengers.	Aircraft.	Passengers.	Aircraft.	Passengers.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Excepted Area	1,847	35,597	1,659	39,832	3,506	75,429
Europe outside Excepted Area	2,017	28,345	1,470	25,391	3,487	53,736
North America	—	—	—	—	—	—
Central and South America ...	—	—	—	—	—	—
Africa	2	15	1	—	3	15
Asia	85	1,407	1	1	86	1,408
Total	3,951	65,364	3,131	65,224	7,082	130,588

Maternal and Child Health

Table 23

Ante-Natal Clinics Provided by County Council

Area.	Number of clinics provided at end of year (whether held at infant welfare centres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during the year 1953.
			Number of women who attended during the year 1953.	Number of new cases included in column (4) *i.e.* who had not previously attended an ante-natal clinic during current pregnancy.	
(1)	(2)	(3)	(4)	(5)	(6)
1	7	54	1,946	1,476	10,337
2	8	40	1,231	964	6,527
3	9	109	3,243	2,295	17,756
4	7	56	1,811	1,369	8,447
5	15	62	2,195	1,662	9,788
6	12	132	4,193	3,518	19,831
7	14	98	3,380	2,797	19,253
8	15	72	2,151	1,731	8,937
9	8	44	1,823	1,118	7,111
10	14	70	1,947	1,413	8,176
County	109	737	23,920	18,343	116,163

Table 24

Post-Natal Clinics Provided by County Council

Area.	Number of clinics provided at end of year (whether held at infant welfare centres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during the year 1953.	
			Number of women who attended during the year 1953.	Number of new cases included in column (4) *i.e.* who had not previously attended a post-natal clinic after last confinement.		
(1)	(2)	(3)	(4)	(5)	(6)	
1	1	4	733 (224)	666 (196)	1,307	(231)
2	—	—	371 (371)	329 (329)	426	(426)
3	—	—	1,327 (1,327)	1,326 (1,326)	1,406	(1,406)
4	1	1	251 (184)	229 (164)	303	(210)
5	—	—	249 (249)	249 (249)	288	(288)
6	4	5	762 (296)	607 (296)	801	(322)
7	—	—	229 (229)	227 (227)	257	(257)
8	1	1	296 (255)	284 (244)	368	(307)
9	—	—	154 (154)	154 (154)	175	(175)
10	—	—	292 (292)	263 (263)	295	(295)
County	7	11	4,664 (3,581)	4,334 (3,448)	5,626	(3,917)

The figures in brackets indicate the number of women examined post-natally at ante-natal clinics, and are included in the main post-natal figures.

TABLE 25.

INFANT WELFARE CENTRES PROVIDED BY COUNTY COUNCIL.

Area	Number of centres provided at end of year.	Number of child welfare sessions now held per month at centres in column (2).	Number of children who first attended a centre during 1953, and who at their first attendance were under 1 year of age.	Number of children who attended during the year and who were born in :			Total number of children who attended during the year.	Number of attendances during the year made by children who at the date of attendance were :			Total attendances during the year.
				1953.	1952.	1951–48		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	12	92	2,172	2,026	1,685	2,981	6,692	38,148	10,237	12,371	60,756
2	13	107	1,825	1,663	1,636	3,490	6,789	28,392	9,952	12,641	50,985
3	9	163	2,769	2,479	2,314	4,847	9,640	42,213	8,645	8,959	59,817
4	15	108	2,424	2,349	2,220	4,258	8,827	40,000	12,453	14,313	66,766
5	17	119	2,383	2,390	1,910	3,489	7,789	37,347	7,760	7,336	52,443
6	12	204	3,944	3,555	2,804	3,719	10,078	52,663	10,773	8,168	71,604
7	16	144	3,059	2,981	2,495	4,807	10,283	48,079	10,133	10,229	68,441
8	20	153	2,810	2,687	2,258	3,762	8,707	46,880	8,190	15,179	70,249
9	9	90	2,462	2,159	1,824	2,964	6,947	35,016	7,029	7,049	49,094
10	16	139	2,496	2,692	2,351	3,510	8,553	41,801	11,337	13,479	66,617
COUNTY...	139	1,319	26,344	24,981	21,497	37,827	84,305	410,539	96,509	109,724	616,772

NOTE.—the following figures relate to child welfare centres held at Queen Charlottes' Hospital and at the R.A.F. Station, Stanmore at each of which the County Council provides a health visitor only. (The figures are *not* included in the main table.)

Queen Charlotte's Hospital.	1	4	63	59	31	21	111	781	69	82	932
R.A.F., Stanmore.	1	4	18	17	16	32	65	283	76	93	452

Table 26

Priority Dental Service 1953

Expectant and Nursing Mothers

Area	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anæsthetics.		Fillings.	Scalings or scaling and gum treatment.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1	450	419	346	303	1,037	736	119	211	292	166	76	7	39	99
2	162	157	177	94	763	327	70	70	441	140	145	7	14	36
3	388	349	316	113	1,133	478	126	85	637	156	141	18	14	45
4	248	238	375	140	1,597	657	272	113	640	83	324	111	57	76
5	267	264	262	188	777	324	48	93	445	113	141	27	13	29
6	735	717	738	425	3,012	976	172	273	1,898	538	433	73	58	99
7	559	552	514	276	2,051	695	612	158	1,140	391	388	201	31	70
8	458	437	424	265	1,593	646	299	142	875	221	252	98	25	61
9	363	355	414	197	1,796	1,023	115	245	748	165	238	102	107	74
10	583	349	550	348	2,484	1,155	355	200	1,123	297	287	238	100	127
County ...	4,213	3,837	4,116	2,349	16,243	7,017	2,188	1,590	8,239	2,270	2,425	882	458	716

Children under Five Years

Area	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anæsthetics.		Fillings.	Silver nitrate dressings.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1	581	509	530	336	899	628	13	368	70	1,387	13	1	—	—
2	628	540	584	428	1,439	457	26	213	1,080	729	297	8	—	—
3	773	733	745	380	1,827	610	148	217	1,323	791	547	3	—	—
4	403	349	593	297	1,461	611	12	348	713	332	314	5	—	—
5	633	610	604	561	1,311	510	10	251	904	596	279	2	—	—
6	1,272	1,137	1,201	1,090	3,218	1,093	20	545	2,769	936	467	9	—	—
7	904	845	808	669	1,541	1,137	24	444	887	392	443	1	—	—
8	664	595	569	573	1,526	508	97	222	984	536	287	10	—	—
9	767	746	793	426	1,594	1,171	26	567	396	1,384	179	—	—	—
10	812	388	675	503	1,777	827	7	438	1,202	525	414	32	—	—
County ...	7,437	6,452	7,102	5,263	16,593	7,552	383	3,613	10,328	7,608	3,240	71	—	—

TABLE 27.

CARE OF PREMATURE INFANTS

Area	Number of premature babies born alive to mothers normally resident in the County, but excluding babies born in maternity homes of hospitals in the National Health Service.		Born at home and nursed entirely at home.			Born at nursing homes and nursed entirely at nursing homes.		
	Born at home.	Born in private nursing homes.	Number born.	Died during first 24 hours.	Survived to end of 28 days.	Number born.	Died during first 24 hours.	Survived to end of 28 days.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	31	2	24	1	22	2	—	2
2	24	6	20	—	19	6	—	6
3	30	2	24	1	22	2	—	1
4	15	9	13	—	12	8	—	8
5	32	7	31	—	30	5	—	4
6	44	—	36	—	36	—	—	—
7	15	7	14	1	12	6	—	6
8	39	—	37*	1	34	—	—	—
9	19	1	13	—	12	1	—	1
10	41	3	33	3	28	2	—	2
COUNTY	290	37	245*	7	227	32	—	30

* Includes one born on barge, survival not known.

TABLE 28
MOTHER AND BABY HOMES

Name and address of home or hostel.	Number of beds.				Average length of stay. (weeks).	
	Total beds (excluding maternity and labour and cots).	Maternity (excluding labour and isolation).	Labour beds.	Cots.	Ante-natal.	Post-natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
A.—Provided by the County Council.						
"Amherst Lodge," 47, Amherst Road, Ealing, W.13	24	—	—	11	$5\frac{1}{7}$	$6\frac{6}{7}$
"Belle Vue," 167, Willesden Lane, Kilburn, N.W.6	12	—	—	12	—	$6\frac{3}{7}$
B.—Provided or used by Voluntary Organisations with which the County Council makes arrangements under Section 22.						
"Maryland," The Downage, Hendon, N.W.4	14	—	—	14	—	$5\frac{4}{7}$
"The Heath," 16, The Park, Golders Green, N.W.11 ...	14	—	—	—	$4\frac{4}{7}$	—

Total number of women admitted during the year to homes and hostels shown above (ignoring re-admissions to the same home after confinement) (*a*)	511
Number of admissions for which the County Council was responsible (*a*) ...	511
Number of cases sent by the County Council during the year to mother and baby homes other than those mentioned above :—	
Expectant mothers	196
Post-natal cases	43

NOTE (*a*).—Numbers are not comparable with those in previous reports due to a change in definition by the Minister of Health.

TABLE 29
DAY NURSERIES PROVIDED BY COUNTY COUNCIL AS AT 31ST DECEMBER, 1953

Area	Number	Number of approved places.		Number of children on the register at the end of the year.		Average daily attendance during the year.	
		Age.		Age.		Age.	
		Under 2 years.	2–5	Under 2 years.	2–5	Under 2 years.	2–5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	7	149	264	37	103	34	81
2	1	14	36	5	35	4	27
3	6	112	208	66	131	58	118
4	7	130	190	34	124	45	116
5	4	53	167	22	58	21	45
6	13	296	334	236	292	177	238
7	9	175	341	75	190	62	164
8	10	106	426	44	111	42	116
9	8	153	213	53	130	54	101
10	9	106	324	21	83	28	72
COUNTY ...	74	1,294	2,503	601	1,257	526	1,080

Table 30

Administration of Analgesics

Area.	Number of midwives in practice in the County qualified to administer analgesics in accordance with the requirements of the Central Midwives Board.			Number of sets of apparatus for the administration of analgesics in use by domiciliary midwives employed by the County Council or employed by voluntary organisations in the County.	Number of cases in which analgesics were administered by midwives in domiciliary practice during the year.	
	Domiciliary.	In Institutions.	Total.		Gas and Air.	Pethidine.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	21	56	77	20	633	378
2	9	—	9	10	308	232
3	15	8	23	9	405	197
4	14	42	56	16	437	308
5	12	3	15	14	553	192
6	13	39	52	12	544	283
7	14*	24	38*	14	537	184
8	16	23	39	19	843	347
9	14*	58	72*	15	420	230
10	19	12	31	22	819	323
County ...	142	265	407	151	5,499	2,674

* Including 5 midwives who practise in both areas 7 and 9.

TABLE 31

MIDWIFERY

Number of midwives practising in the area of the Local Supervising Authority at 31st December, 1953, and the number of maternity cases in the County attended by midwives during the year.

Area.	Midwives employed by the County Council.						Midwives employed by voluntary organisations.										Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.				Midwives in private practice (including midwives employed in nursing homes).				Total.					
							Under arrangements with the Local Health Authority, in pursuance of Section 23 of the National Health Service Act.						Otherwise (including hospitals not transferred to the Minister under the National Health Service Act).																			
	Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
1	22 (1)	779	—	—	22 (1)	779	—	—	—	—	—	—	—	—	—	—	—	—	—	2	52	2,588	52	2,590	—	1	6	153	6	154	22 (1)	782	58	2,741	80 (1)	3,523
2	9 (1)	395	—	—	9 (1)	395	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	4	9	12	6	143	15	155	18 (1)	411	6	143	24 (1)	554
3	13 (1)	572	—	—	13 (1)	572	—	—	—	—	—	—	—	—	2	42	2	42	2	15	6	609	8	624	1	9	—	—	1	9	16 (1)	596	8	651	24 (1)	1,247
4	13 (1) [5]	494	—	—	13 (1) [5]	494	—	—	—	—	—	—	1	—	—	—	1	—	—	—	43	1,899	43	1,899	3	4	3	50	6	54	17 (1) [5]	498	46	1,949	63 (1) [5]	2,447
5	13 (1)	602	—	—	13 (1)	602	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20	9	299	9	319	13 (1)	622	9	299	22 (1)	921
6	11 (1)	638	—	—	11 (1)	638	1	66	—	—	1	66	—	—	—	—	—	—	—	—	41	3,199	41	3,199	2	—	—	—	2	—	14 (1)	704	41	3,199	55 (1)	3,903
7	9 (1)	460	—	—	9 (1)	460	—	—	—	—	—	—	—	—	—	—	—	—	5*	154	16	1,188	21*	1,342	—	1	10	225	10	226	14 (1)*	615	26	1,413	40 (1)*	2,028
8	18 (1) [1]	920	—	—	18 (1) [1]	920	—	—	—	—	—	—	—	—	—	—	—	—	—	—	27	2,129	27	2,129	1	19	2	20	2	39	19 (1) [1]	939	29	2,149	48 (1) [1]	3,088
9	11 (1)	442	—	—	11 (1)	442	—	—	—	—	—	—	—	—	—	—	—	—	5*	142	58	2,545	63*	2,687	1	—	1	38	1	38	17 (1)*	584	59	2,583	76 (1)*	3,167
10	19 (1)	1,008	—	—	19 (1)	1,008	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	651	11	651	—	1	5	93	5	94	19 (1)	1,009	16	744	35 (1)	1,753
Total ...	138 (10) [6]	6,310	—	—	138 (10) [6]	6,310	1	66	—	—	1	66	1	—	2	42	3	42	7	317	254	14,808	261	15,125	17	67	42	1,021	59	1,088	164 (10) [6]	6,760	298	15,871	462 (10) [6]	22,631

1. *Number of midwives.* 2. *Number of cases attended.*

The figures in parentheses ( ) show the number of non-medical supervisory staff. The figures in brackets [ ] relate to part-time midwives.
All figures in brackets and parentheses are included in main totals.
* 5 midwives employed by Queen Charlotte's Hospital practising in both Areas 7 and 9.

TABLE 32

HEALTH VISITING (*b*)

Area.	Number of health visitors employed at end of year.		Equivalent of whole-time services devoted by health visitors included in columns (2) and (3) to health visiting (all classes including attendance at infant welfare centres). (*a*)	Number of visits paid by health visitors included in columns (2) and (3) during the year.							
				Expectant mothers.		Children under 1 year of age.		Children age 1 but under 2.	Children age 2 but under 5.	Other Classes.	All Classes.
	Whole-time on health visiting.	Part-time on health visiting.		First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	—	19 (2)	12·9 (1·0)	710	1,022	2,681	12,681	7,278	13,892	1,352	36,225
2	—	23 (2)	16·0 (1·8)	550	1,318	2,357	11,341	8,443	9,088	2,684	32,874
3	—	28 (1)	21·9 (0·7)	2,013	3,278	3,227	14,448	8,343	14,522	4,572	45,163
4	—	26 (2)	16·7 (0·7)	675	1,059	2,628	9,967	5,425	10,821	1,793	29,065
5	—	20 (2)	17·2 (1·6)	1,315	1,895	2,867	11,184	6,297	13,331	907	33,614
6	—	33 (2)	22·2 (1·2)	2,810	3,389	4,548	16,211	8,566	12,564	5,771	46,501
7	—	20 (2)	14·5 (1·5)	585	782	3,282	10,264	5,420	10,980	1,719	29,165
8	—	28 (1)	21·6 (0·8)	1,579	2,616	3,264	13,949	7,217	12,181	2,397	38,360
9	—	19 (2)	15·5 (1·6)	1,140	1,649	2,680	13,317	7,047	16,391	2,074	40,478
10	—	31 (2)	20·9 (1·4)	626	1,095	3,077	12,399	6,813	12,985	1,082	34,374
COUNTY ...	—	247 (18)	179·4 (12·3)	11,203	18,103	30,611	125,761	70,849	126,755	24,351	365,819

(*a*) Figures in parentheses relate to superintendents and deputy superintendents included in the total.
(*b*) This table excludes tuberculosis health visitors and their visits. (See Table 15.)
NOTE.—Numbers included in columns 11 and 12 are not comparable with previous years owing to a change in definition.

Table 33

Home Nursing.

Areas.	Number of home nurses employed at 31st December, 1953.			Medical.		Surgical.		Infectious diseases.		Tuberculosis.		Maternal complications.		Others.		Totals.		Patients included in columns (5) to (16) who were 65 or over at the time of the first visit during the year.		Children included in columns (5) to (16) who were under 5 at the time of the first visit during the year.		Patients included in columns (5) to (16) who have had more than 24 visits during the year.	
	Whole-time on home nursing.	Part-time on home nursing.	Equivalent of whole-time to home nursing service.	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
1	24 (1)	4 (1)	26	2,157	48,489	1,254	19,671	8	63	219	6,352	36	258	8	47	3,682	74,880	1,302	38,164	162	932	684	55,619
2	23 (1)	6 (1)	26·2	2,999	63,655	370	8,153	47	316	128	4,520	47	445	30	246	3,621	77,335	1,704	47,879	174	1,034	715	57,227
3	18 (1)	12 (1)	25·2	2,777	55,727	594	10,348	3	17	155	5,056	20	179	10	125	3,559	71,452	1,719	48,266	83	403	710	54,618
4	17 (1)	19 (1)	28·1	2,544	71,157	569	13,566	128	1,119	168	3,896	29	227	450	3,974	3,888	93,939	1,758	55,648	211	1,078	876	66,494
5	19	13 (1)	27·2	2,816	54,645	590	8,382	96	556	152	4,268	29	207	238	3,406	3,921	71,464	1,508	42,330	154	885	693	50,835
6	12 (1)	5 (1)	14·8	1,828	28,843	324	7,305	23	210	131	3,171	19	136	66	417	2,391	40,082	1,002	23,632	72	399	402	27,793
	* 23 (1)	6	26	4,426	96,594	783	15,584	86	436	207	6,961	114	1,083	42	534	5,658	121,192	1,889	61,988	428	2,576	961	79,388
7	30 (1)	10 (1)	35·2	5,536	100,542	325	6,763	51	386	279	5,797	56	362	184	254	6,431	114,104	2,162	53,460	367	1,731	896	68,955
8	23	7 (1)	27·1	2,551	60,629	550	11,829	194	1,971	175	4,011	44	402	12	82	3,526	78,924	1,432	44,351	153	1,310	753	59,325
9	29 (1)	1 (1)	29·5	3,023	69,021	276	9,237	25	135	213	6,133	45	342	120	408	3,702	85,276	1,764	54,311	147	815	816	63,943
10	26	3 (1)	27·7	3,189	66,938	335	10,827	740	6,616	219	6,658	38	323	329	1,974	4,850	93,336	1,955	53,804	332	2,297	842	59,215
County ...	221 (7)	80 (10)	267·0	29,420	619,646	5,187	106,081	1,315	11,389	1,839	49,862	363	2,881	1,447	10,933	39,571	800,792	16,306	461,845	1,855	10,884	7,387	564,024
W.D.N.A.*	23 (1)	6	26	4,426	96,594	783	15,584	86	436	207	6,961	114	1,083	42	534	5,658	121,192	1,889	61,988	428	2,576	961	79,388
Total ...	244 (8)	86 (10)	293·0	33,846	716,240	5,970	121,665	1,401	11,825	2,046	56,823	477	3,964	1,489	11,467	45,229	921,984	18,195	523,833	2,283	13,460	8,348	643,412

a. Number of cases attended by home nurses during the year.

b. Numbers of visits paid by home nurses during the year.

The figures in parentheses relate to supervisors and are included in the total.

* Staff employed and work carried out by Willesden District Nursing Association acting as agents of the County Council.

TABLE 34

DOMESTIC HELP

Area.	Number of home helps employed at 31st December, 1953.		Equivalent of whole-time services devoted by home helps in columns 2 and 3.	Number of cases in which domestic help was provided during the year.				
	Whole-time.	Part-time.		Maternity (including expectant mothers).	Tuberculosis.	Chronic sick including aged and infirm.	Others.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	9	128	77	167	147	398	187	899
2	6	80	58	127	68	547	333	1,075
3	8	137	79	125	93	790	254	1,262
4	9	56	46	259	90	262	517	1,128
5	6	50	35	215	83	261	255	814
6	4	124	78	189	111	1,034	299	1,633
7	6	205	142	203	119	863	380	1,565
8	23	149	104	258	77	369	288	992
9	31	149	121	172	65	891	253	1,381
10	8	103	80	198	71	388	384	1,041
COUNTY	110	1,181	820	1,913	924	5,803	3,150	11,790

Mental Deficiency

Table 35

Ascertainment

Particulars of cases reported during 1953.	Males.	Females.	Total.
(*a*) Cases at 31st December ascertained to be defectives " subject to be dealt with " :—			
Action taken on reports by :—			
(i) Local education authorities on children :—			
While at school or liable to attend school ...	39	41	80
On leaving special schools	20	22	42
On leaving ordinary schools	3	3	6
(ii) By police or by courts	2	4	6
(iii) Other sources	38	42	80
(*b*) Cases reported but not regarded at 31st December as defectives " subject to be dealt with " on any ground	10	8	18
(*c*) Cases reported but not confirmed as defectives by 31st December and thus excluded from (*a*) or (*b*)	27	21	48
Total number of cases reported during the year ...	139	141	280

Table 36

Disposal of Cases Reported During 1953

Disposal of cases	Males.	Females.	Total.
(*a*) Of the cases ascertained to be defectives " subject to be dealt with " number :—			
(i) Placed under statutory supervision	90	98	188
(ii) Placed under guardianship	3	1	4
(iii) Taken to " places of safety "	—	—	—
(iv) Admitted to institutions	9	13	22
(*b*) Of the cases not ascertained to be defectives " subject to be dealt with " number :—			
(i) Placed under voluntary supervision	2	3	5
(ii) Action unnecessary	8	5	13
Total	112	120	232

TABLE 37

Particulars of Mental Defectives on registers at 1st January, 1954

Mental Defectives	Males.	Females.	Total.
(*a*) Number of ascertained mental defectives found to be "subject to be dealt with" :—			
(i) Under statutory supervision :—			
Under 16 years of age	396	293	689
Age 16 years and over	683	615	1,298
(ii) Under guardianship :—			
Under 16 years of age	20	22	42
Age 16 years and over	182	220	402
(iii) In places of safety :—			
Under 16 years of age	1	—	1
Age 16 years and over	—	1	1
(iv) In institutions :—			
Under 16 years of age	218	129	347
Age 16 years and over	1,135	1,118	2,253
(*b*) Number of cases not ascertained to be defectives "subject to be dealt with," under voluntary supervision :—			
Under 16 years of age	3	4	7
Age 16 years and over	303	421	724
Total	2,941	2,823	5,764

TABLE 38

Guardianship

Cases admitted to guardianship orders :—	
By petition	34
By Order of the Court	—
Total	34
Cases transferred :—	
From one guardian to another	30
From guardianship to institution	23
Total	53
Cases discharged from guardianship orders :—	
By operation of law	9
By authority of the Board of Control	3
By authority of the Middlesex Visitors	—
Total	12
Leaves of absence granted	46
Orders reconsidered and confirmed	83
Cases transferred to Lunacy Act	—
Deaths	7

TABLE 39

Institutional Care

Cases admitted to institutions during 1953	151*
Cases in institutions on 31st December, 1953	2,600
Detention orders obtained (Section 6)	105
Cases detained by court order (Section 8)	9
Cases detained by Home Office order (Section 9)	3
Cases admitted under Section 3 orders	11
Cases admitted to approved homes	1
Cases admitted to places of safety	40
Cases discharged from orders	39
Cases discharged from places of safety	3
Cases transferred from one institution to another	25
Cases transferred from one place of safety to another	—
Cases discharged to Lunacy Acts	1
Holiday leaves of absence granted	381
Revisions of detention orders (home conditions reports)	733
Cases on licence as at 1st January, 1954	85
Deaths	25
Cases admitted to regional hospital board institutions under para. 4 Ministry of Health Circular 5/52	36
Cases admitted to private homes under para. 2 Ministry of Health Circular 5(52) ...	30

* Includes 23 cases transferred from guardianship to institution. (*See* table 38.)

TABLE 40

Lunacy and Mental Treatment Acts

Visits made by mental welfare officers (duly authorised) for all areas	12,263
Admissions to designated hospitals by mental welfare officers (duly authorised) ...	2,048
Number of patients certified under the Lunacy Acts	1,326
Admissions to mental hospital by mental welfare officers (duly authorised) under temporary certification	188
Admissions of voluntary patients to mental hospitals assisted by mental welfare officers (duly authorised)	931

Ambulance Service

Table 41

Analysis of How Patients were Carried.

By Directly Provided Services.		
(i) Accident and emergency calls	29,044	
(ii) Other removals	632,354	
		661,398
By Supplementary Services.		
(i) British Red Cross—Home Ambulance and Civilian Invalid Transport	7,329	
(ii) Hospital car service	148,552	
(iii) St. John Ambulance Brigade	—	
(iv) Railways	673	
(v) Hired cars and coaches	17,652	
(vi) Mental cases transported by mental welfare officers	1,998	
(vii) Other Ambulance Authorities	106	
		176,310
		837,708

Mileage Analysis

(i) By County Service vehicles	3,476,886
(ii) British Red Cross Home Ambulance, Civilian Invalid Transport; St. John Ambulance Brigade and other Ambulance Authorities	61,276
(iii) Hospital car service	1,483,937
(iv) Hired vehicles	100,142
(v) Mental cases transported by Mental Welfare officers	49,427
	5,171,668

Cost of Supplementary Services

	£	*s.*	*d.*
Hospital Car Service	40,816	4	10
Hired Cars and Coaches	10,028	10	6
British Red Cross Society—Home Ambulance, Civilian Invalid Transport	2,893	14	8
St. John Ambulance	—		
Other Authorities	201	12	7
Railways	1,133	3	7
	£55,073	6	2

Establishment of Driver-Attendants

Approved establishment of driver-attendants on 1st January, 1953	588
Actual strength on 1st January, 1953	565
Deficiency of	23
Approved establishment of driver-attendants on 31st December, 1953 ...	588
Actual strength position on 31st December, 1953	554
Deficiency of	34

Follow-up of Registered Blind and Partially Sighted Persons.

TABLE 42

	Cause of disability			
	Cataract.	Claucoma.	Retrolental Fibroplasia.	Others.
(i) Number of cases registered during the year in respect of which para. 7(*c*) of Forms B.D.8 recommends:—				
(*a*) No treatment	67	43	2	226
(*b*) Treatment (medical, surgical or optical)	79	35	—	80
(ii) Number of cases at (i) (*b*) above which on follow-up action have received treatment	23	5	—	26
Treatment started, but not completed ...	10	30	—	41
Awaiting treatment	24	—	—	10
Refused treatment	22	—	—	3

Ophthalmia Neonatorum

TABLE 43

(i) Total number of cases notified during the year...	109
(ii) Number of cases in which:—	
(*a*) Vision lost	—
(*b*) Vision impaired	—
(*c*) Treatment continuing at end of year ...	5

MODIFICATION TO THE PROPOSALS (APPROVED BY THE MINISTER ON 21st JUNE, 1948) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 22 OF THE NATIONAL HEALTH SERVICE ACT, 1946

PART III

Day Nurseries.
Add:—

" (D) Subject to all cases coming within categories (A), (B), (C), foregoing being dealt with children of any parent willing to pay the full cost (calculated over the whole County on the basis of the total places provided) be accepted, subject to preference being given amongst such cases to those with lesser incomes, and subject to such other conditions as the County Council may from time to, time specify."

MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER OF HEALTH ON 20th APRIL, 1948) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 51 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

Delete:—

Part II—C, Paragraph 5 (i).

" It is not proposed at present to carry out any training at the homes of defectives."

Substitute:—

" In suitable cases the County Council will carry out training in the homes of defectives either directly or through arrangements with voluntary organisations."

REPORT OF THE AREA MEDICAL OFFICER, DR. W. C. HARVEY, Health Area No. 2.

THE YEAR, 1953

Introductory

The purpose of this report is to present to the Committee an over-all picture of the work carried out in the Area during 1953.

It will be appreciated that the report is, of necessity, brief, and that it has only been possible to touch on the more important aspects and statistics relating to each section of the Area work. It will also be appreciated that, to include the work of the School Health Service, would call for a separate document. For this reason mainly, the matter of the School Health Service has been for the moment deferred, although I hope to be able to present a statement to the Committee at a later date.

It would be true to state that the work carried out by the Area Health Staff in Area No. 2 last year was relatively uneventful. Opportunity has been taken to improve and extend our services wherever possible, and to introduce newer and more up-to-date methods. Minor changes in administration have also taken place; the more important of these will be referred to in the body of the report. Altogether, the picture can, I think, be justly claimed to be one of steady progress.

Area Statistics.

Population 169,050.

Friern Barnet	28,260
Potters Bar	17,210
Southgate	72,110
Wood Green	51,470

Area (in acres) 12,840.

Friern Barnet	1,340
Potters Bar	6,129
Southgate	3,765
Wood Green	1,606

Birth Rate 11·52 (per 1,000 population).

Friern Barnet	12·1
Potters Bar	14·2
Southgate	10·5
Wood Green	11·7

Infantile Mortality Rate 25·68 (per 1,000 live births).

Friern Barnet	23·3
Potters Bar	16·4
Southgate	27·7
Wood Green	28·3

Maternal Mortality Rate 1·0 (per 1,000 births).

Medical Staff.

The medical staff in Area No. 2 consists of myself, as Area Medical Officer, my Deputy, the Senior Assistant Medical Officer and six Assistant Medical Officers. Dr. Campbell, my Deputy, assists me generally in my work, and is particularly responsible for the day-to-day administration of the School Health Service. The duties of the Senior Assistant Medical Officer are mainly those of supervising the health visiting, home nursing and domiciliary midwives services, although she undertakes many other duties, including those of supervising nursing homes and work under the Child Minders Regulations. Each of the six Assistant Medical Officers is based at a Clinic, and has a number of schools allocated to her. These medical officers are directly responsible for the work carried out at the clinic, and for the school health service duties undertaken in their district.

I would like to pay a warm tribute to our medical staff, who have co-operated whole-heartedly in the efforts made to maintain and improve the standard of the services provided in the Area. I would particularly refer to Dr. Janet Campbell, my Deputy, who has been my unfailing ally in all aspects of my work. In the same way, Dr. E. S. Stephen, the Senior Assistant Medical Officer, has played a notable part in co-ordinating the services for which she is responsible.

Clerical Section.

The Clerical Section is housed at the Area Health Office, Town Hall, Palmers Green, N.13, and at White Hart Lane (Old) School, N.22. This dichotomy is still necessary, as it has not yet been possible to obtain central accommodation which could be made available as an Area Health Office. The separation of members of the staff in this way is unfortunate, and is a problem which we hope will one day be solved. Clerks are also stationed at most of the Maternity and Child Welfare Centres in the Area. This arrangement facilitates the clerical work carried out at these Centres.

The Clerical staff employed in the Area consists of the following:—

1 Chief Clerk.
1 Deputy Chief Clerk.
2 APT. IV.
1 Higher Clerical Division.
4 Clerical Division.
20½ General Division.
1 Telephonist.

The work is, to a certain extent sectionalised, although the setting-up of watertight compartments has been carefully avoided. Minor changes in the administrative pattern take place from time to time, in the light of experience. During the year, five members of the clerical staff resigned for various reasons, their places being filled in each instance.

As the Committee will be aware, Mr. P. E. Barber, the Chief Clerk, suffered a heart attack in November last. The Committee will also be aware that Mr. Barber has not returned to work, but has expressed his intention to retire. I should like to pay a sincere tribute to Mr. Barber, who has been associated with me personally, first as Chief Clerk in the Southgate Public Health Department and later as Area Chief Clerk, for the past 23 years. No one could have wished for a better or more zealous and conscientious colleague, although we are extremely happy to have, in Mr. G. W. Jones, a very worthy successor.

Ante-Natal, Post-Natal and Child Welfare Clinics.

By the end of 1953, *Ante-natal Clinics*, at which *post-natal* cases also attended, were provided in eight premises throughout the area, approximately nine sessions being held every week, with an average attendance of 14.

Both Health Visitors and Midwives attended these clinics, acting under the direction of an Assistant Medical Officer. In addition, one session was held each week in Southgate, at which midwives only attended. The average attendance at this session was nine.

During the year considerable extension of our *Ante-natal Relaxation Classes* took place, so that, by the end of the year, each district in the Area could take advantage of these excellent facilities. Eighty-ones essions were held during 1953, with an average attendance of 12. This average is steadily increasing.

Child Welfare Clinics were held at 13 premises throughout the Area, special toddler sessions being a feature at most of these premises. A total of 26 sessions on an average was held each week, with an average attendance of 37.

During the earlier part of 1953, approval was given to provide vaccination against smallpox at our clinics, where immunisation against diphtheria, pertussis (whooping cough) or diphtheria and pertussis combined has been supplied for many years. Vaccination facilities are now available at most clinics in the Area.

Graphs are kept of the quarterly figures relating to attendances at each of our welfare centres. These graphs allow us to judge the usefulness of our clinics, both on a geographical and numerical basis, and enable us to formulate our policy in advance. The graphs will be available for inspection by the Committee.

A feature of the work carried out at our Child Welfare Clinics during the past few years has been the holding of special *Birthday Sessions*. Approximately one Birthday Session is held each month at all our Clinics. Birthday letters are sent to parents of children up to the age of five, who have at any time attended the Clinic. Special pre-school record cards are kept, so that an accurate record can be maintained of progress. When a child reaches its fifth birthday, these cards are attached to the routine school medical cards, and are available throughout the child's school life. These clinics are definitely appreciated by mothers, and allow us to pick up stragglers whose attendances have been irregular.

Of the thirteen premises used as comprehensive clinics throughout the Area, four are church halls, two in Friern Barnet, one in Wood Green and one in Potters Bar. It will readily be understood that the use of church halls is not entirely satisfactory, since they compare unfavourably with *ad hoc* premises. Within recent years, we have transferred clinics from two church halls in Southgate to our own premises, with advantage to the services and to the mothers and children who take advantage of them.

Plans are now being prepared to erect two new comprehensive centres, one in Friern Barnet and one in Potters Bar. It will presumably be some time before these centres are available, but we look forward eagerly to their inception.

With regard to the number of mothers who use our infant welfare centres, we made a very careful check of approximately half the Area, over a five-year period from 1947 to the end of 1951. This census was completed in 1952, but the Committee might be interested to see the results, which are

illuminating. The mothers attending our clinics were divided into the five income classes used for Census purposes. The results of our enquiry were as follows:—

Southgate.	*Per cent.*	*Potters Bar.*	*Per cent.*
Class 1	65·25	Class 1	72·22
,, 2	81·36	,, 2	82·99
,, 3	87·84	,, 3	82·52
,, 4	84·93	,, 4	76·03
,, 5	76·92	,, 5	95·45
Average	85·51	Average	81·76

The time occupied in compiling these figures was not inconsiderable, but was deemed worth while, as we were able to judge the class of population upon which we should concentrate, and were also able to compare the work of one health visitor with another. If time permits, we hope to extend the analysis to the whole of the Area.

In concluding this section of the report, I would pay great tribute to the help afforded at our clinics by the *Voluntary Helpers* who attended so regularly. These ladies give unstintingly of their services, many having attended our clinics for a great number of years. We consider them part of the Area team, and we are delighted to think that they not only represent the continuance of voluntary service in the community, but are able to assist us materially in our work.

Special Clinics.

Children under five may be referred for treatment to the following clinics established in Area 2:—

Ophthalmic.
Ear, Nose and Throat.
Orthoptic.
Speech Therapy.
Orthopædic (including Physiotheraphy.

Health Visiting.

With one exception, Health Visitors employed in the Area occupy a combined post, being also School Nurses. In addition, we have two Health Assistants, both of whom perform most useful work.

Our average strength of Health Visitors in the Area during the year has been as follows:—

20 Health Visitors and School Nurses.
1 School Nurse.
2 Health Assistants.

During the year, four members of the staff left our service. Fortunately, although Health Visitors are in very short supply, it was possible to recruit three whole-time Health Visitors and one part-time Health Visitor to take their places.

During the year 1,318 visits were paid to expectant mothers; 28,872 to children under 5; 1,976 to school children, and 2,684 to other cases, including old persons. In making these visits approximately 9,097 households were visited.

Our Health Visitors, School Nurses and Health Assistants are supervised by an Area Superintendent of Health Visitors and by a Deputy Superintendent. Both ladies are under the immediate control of the Senior Assistant Medical Officer.

In supplying the figures set out above, it is quite impossible to present an adequate picture of the work of a Health Visitor. The duties of the modern Health Visitor have been greatly extended since the coming into force of the National Health Service Act. Thus, their duties are no longer confined to the care of mothers and children under the age of five; they are now expected to undertake much wider duties, including the care of the aged and close liaison with general practitioners working in the districts for which they are responsible. The influence which Health Visitors can bring to bear on mothers during visits to the home or during talks at the clinic, is invaluable. Their work in regard to schools and school children is of equal importance.

Our Health Visitors are allocated to main clinics, from which they operate. They are thus enabled to get to know their district, and to establish close and cordial relationship with the mothers with whom they come into contact. In like way, each Health Visitor is allocated several schools in the same district, so that their work among children under five and school children can be closely integrated and will follow on as a natural sequence. We encourage Health Visitors to visit schools, to consult with Head Teachers, and to be aware of problems as they arise.

We are fortunate in the fact that many of our Health Visitors have worked in this Area for a number of years. We are thus able to build on a solid foundation, which is of the very greatest help to us in our work.

Midwifery Service.

The number of births which occurred to women residing in Area No. 2 during 1953 was just under 2,000. Of these, approximately 80 per cent. took place in hospitals and nursing homes ; the remainder were domiciliary cases. Almost all the domiciliary cases were attended by our own midwives, 242 in the capacity of midwife, 153 as maternity nurse. In attending these cases, more than 7,000 visits were made, an average of approximately 18 visits per case. In addition, a percentage of the children born in hospitals and nursing homes were discharged sufficiently early to become, for a time, the responsibility of a domiciliary midwife. These cases accounted for a total of 225 visits.

At the beginning of 1953 there were nine midwives on the staff. During the year two midwives left, one to be married and the other to take up a post in Indonesia. The approval of the County Council was obtained to replace these midwives, although considerable difficulty was experienced in filling both vacancies. Thanks to the generosity of the Potters Bar Urban District Council, we have obtained the provision of a flatlet, which has recently been occupied by a full-time midwife. We are equally grateful to the Urban District Council of Friern Barnet, where similar provision has been made.

In addition to the nine midwives mentioned above, we usually have two pupil midwives undergoing part of their training in the Area. These are normally resident at "Osidge," where there is a resident approved midwife teacher responsible for their training.

All our domiciliary midwives are subject to the supervision of the Senior Assistant Medical Officer and the non-medical Supervisor of Midwives. Our midwives are all qualified to administer gas and air analgesia. All have the use of portable apparatus for the administration of gas and air. In just over three out of four cases attended by our midwives, gas and air analgesia was given by a midwife; in approximately three out of five cases, pethidine was administered, again by a midwife.

The availability of transport for our midwives has been adequate, due in large measure to the excellent fleet of cars handed over to the County Council in 1948 by the Southgate Queen's Nursing Association. Communication by telephone is provided in the homes of all those midwives who are not resident at "Osidge."

Home Nursing Service.

In addition to the Superintendent of Home Nurses, who is also Non-medical Supervisor of Midwives, and the Superintendent at "Osidge," 21 whole-time and six part-time Home Nurses were employed at the end of 1953. Owing to the sharp rise in the demands on this service, the approved establishment for the Area was increased during the year from 24 to 26.

During the year, our nurses paid a total of 77,335 visits to 3,621 cases. These cases were divided as follows:—

Medical	2,999
Surgical	370
Infectious Diseases...	47
Tuberculosis	128
Maternal complications	47
Others	30

The local arrangements for operating the Home Nursing Service vary from district to district. In Potters Bar, the Urban District Council has provided a Council house, from which one full-time and one part-time nurse operate. In Southgate, "Osidge," is the administrative centre for the service, although not all the home nurses are resident there. In Wood Green, a central office is provided in a room in the branch Area Health Office. In Friern Barnet, a small headquarters is housed in an *ad hoc* building in Wetherill Road.

These arrangements are not entirely satisfactory. The room used by the nurses in Wood Green in inadequate, since it is shared by two clerks and is not provided with a running water supply. We have made representations for the use of an extra room in this building. The result of this application is not yet known. So far as Southgate is concerned, a recent suggestion that "Osidge" may have to be closed, has come as something of a bombshell. This Nurses' Hostel must be one of the finest in the country, and is filling an obvious and urgent need. Indeed, I am quite sure it would be true to say that the Home Nursing Service in Area No. 2 will suffer materially if this Hostel is closed.

Our administrative arrangements for the supply of a Home Nurse following the request of a general practitioner appear to be working satisfactorily. There is no evidence that the service is being abused or that unnecessary visits are being requested. This matter is kept under close review, and I would have no hesitation in making representations to the Committee if I thought that alterations should be made.

With regard to transport, five nurses are provided with County cars, and one with a County auto-cycle. Eleven nurses receive an allowance for using their bicycles, the remainder use public transport.

Recent experience has shown that the services of a *Male Home Nurse* would be advantageous. We are therefore taking steps to make such an appointment.

Home Help Service.

The equivalent number of whole-time Home Helps at the end of 1953 was 58, the actual number being 86. During the year 1,075 cases were provided with help, as follows:—

Maternity	127
Tuberculosis	68
Chronic sick (including aged and infirm)	547
Others	333

There is an Organiser of Home Helps and an Assistant Organiser. The Organiser is provided with transport on one day each week, with occasional extra transport to assist in urgent visiting.

The County Council regulations as to priorities are strictly observed in operating the Home Help Service. This is one of the most difficult services to organise and run, since the number of Home Helps available is seldom, if ever, able to meet requirements. It will also be appreciated that our Home Helps come and go with disturbing frequency, being drawn from that section of the community which is not particularly interested in long-term employment. This will be seen from the fact that the number of resignations from the Home Help Service during 1953 was 27. Yet another difficulty lies in the fact that most of our Home Helps are married and have their own children, all of whom are liable to the illnesses associated with childhood. When this happens, the Home Help Organiser is liable to find herself without a number of Home Helps, at a time when these are most required. Continuous steps are taken to implement the number of women used in this service, since there can be no doubt that the Home Help Service does supply a very definite need.

The matter of payment for services rendered is dealt with by the Finance Department, while there is a Panel which meets regularly to consider appeals.

Day Nurseries

Two Day Nurseries were available in the Area at the beginning of 1953. Both were 50 place Nurseries, and comprised a training Nursery in Wood Green (White Hart Lane) and a non-training Nursery in Southgate (Hoppers Road).

Changes in policy relating to conditions of admission and charges resulted in a continued fall in the number of cases attending these Nurseries. It was therefore decided to close Hoppers Road Day Nursery, closure taking place on 30th October, 1953.

At the end of the year five children under the age of two and 35 children between the ages of two and five were on the register of White Hart Lane Day Nursery. At that time, the Nursery employed an equivalent of $6\frac{1}{2}$ whole-time non-domestic staff, together with three part-time domestic staff.

Having regard to all relevant circumstances, I am of opinion that one Day Nursery will continue to be required in the Area. The site on which White Hart Lane Day Nursery stands—the site is owned by Wood Green Borough Council—is eminently suited to this purpose.

Immunisation

I have already reported in some detail in a previous report on the position in regard to immunisation against diphtheria, pertussis (whooping cough) or diphtheria and pertussis combined. I will therefore confine myself to stating that, during 1953, 1,953 children were protected for the first time against diphtheria alone or against diphtheria and pertussis combined. In addition, 4,372 children were given reinforcing injections, mostly in the schools. Approximately 58 per cent. of infants in Area No. 2 were fully immunised before reaching their second birthday.

The results which can be attributed to immunisation will be too well known to require re-emphasis. The state of immunisation, both in infants and in school children, is high. This must not encourage complacency, as continued efforts will be required to maintain our present standards. I think it can be said that these efforts are being made, and that they might be regarded as adequate.

Reference has already been made to the yearly campaign for immunisation against diphtheria, in which Area No. 2 plays its part. This campaign includes the showing of slides in local cinemas, advertisements and articles in local newspapers, special talks at clinics, and the display of posters.

Members of our staff are constantly bringing the need for immunisation to the notice of parents, especially stressing the fact that immunisation should be complete some time before the end of the first year. We also make a point of acquainting general practitioners with our policy from time to time, so that the work of immunisation can be properly integrated. Thus, we notify general practitioners of changes in procedure as, for instance, when we discontinued immunisation against diphtheria and pertussis for a short time during the summer months because of the local prevalence of poliomyelitis.

The Committee will be aware that health education in Middlesex is shared between the areas and the district councils which make up these areas. We co-operate very closely with the Borough and Urban District Councils concerned, so that maximum benefit can be expected. The work of health education in Area No. 2 includes:—

> The circulation of the magazine "Better Health"; health talks and film shows at clinics and to local organisations; the display of posters; the supply of leaflets and pamphlets in the Area Health Office, libraries and at Clinics; articles in the local press, and special efforts designed as periodic stimuli, *e.g.*, a yearly immunising campaign.

Apart from these activities, it must always be remembered that the basis of health education lies in the advice given to mothers in the home and at Clinics by Medical Officers, Health Visitors, Midwives, Home Nurses and other members of the staff.

We have also tried to make it known that the Area Health Office is to be regarded as an information bureau, to which any special problem can be brought and where advice and assistance will readily be forthcoming.

Although the effects of health education are not readily discernible, I am convinced that we must always consider this to be an integral part of our work. Without health education, little

progress of lasting value can be anticipated. It is for this reason that we have concentrated on health education, and that no avenue will be left unexplored.

In this connection, it might be mentioned that we have collaborated with Messrs. Marmite, Ltd., in the making of a sound film, during which Cranborne Clinic was used. I would very much like to have the pleasure of arranging a sound film in which the general health activities in Area No. 2 were depicted. The Committee will remember that this has already been discussed and strongly supported by the Committee. As several years have now elapsed since the project was first mentioned, may I put forward the suggestion that it might, with profit, be revived.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

At the end of 1953 there were four whole-time and five part-time dental officers employed in the Area, representing a total of 6½ whole-time staff. During the year 232 sessions were allocated to this service. A total of 177 expectant and nursing mothers and 584 children under the age of five were treated.

I need not remind the Committee that great difficulty has been experienced in the past in obtaining the services of sufficient Dental Officers to deal with the priority and school dental services in the Area. The situation did improve during 1953, when our available establishment was higher than has been the case for many years. This allowed us to deal with arrears of work urgently required. The position is so variable that I would not hazard a guess as to how long this happy state of affairs is likely to continue.

Each Dental Officer is provided with the services of a Dental Attendant, who combines chair-side assistance, the keeping of necessary records and the making of appointments. The Dental Service is under the direction of an Area Dental Officer, Mr. G. S. Williams. Mr. Williams has a difficult task to perform, as he also acts as Dental Surgeon at a very busy Clinic. He has carried out his many duties with devotion, and I am glad to have this opportunity of expressing my thanks to him.

CARE OF OLD PEOPLE

The problem of old people, especially the aged and chronic infirm, is one which constantly occupies our attention. This is a problem with numerous facets, in which many bodies and authorities are concerned. Although the problem of old age is predominantly a welfare matter, it will be obvious that it is one which cannot be disassociated with public health.

Up to the moment, our activities have mainly been directed towards the supply of Home Helps and Home Nurses, where admission to hospital is either undesirable or cannot be arranged. We also use our Health Visitors to visit old people in their homes, while we assist at least one large hospital in paying geriatric visits.

I am especially perturbed to think that cases of extreme hardship occur among old people which may never come to our attention. For this reason I recently addressed a letter to general practitioners and to local organisations, asking them to let us know whenever such cases are discovered, so that we might play our part in helping to effect a remedy. I have also instructed my staff to act in a similar capacity.

There is no doubt that the question of old age and its problems is one which is not only here to stay, but which will obviously increase. I am of opinion that steps might be taken to correlate the activities of all the various bodies engaged in this work, so that over-lapping could be avoided and the best practical results achieved in the shortest time.

CO-OPERATION

A feature of our work in Area No. 2 has always been co-operation with other bodies. I am happy to think that we offer and receive cordial co-operation from those other authorities and bodies with whom we come into contact. Thus, our relations with the district councils which constitute the Area, with Hospital Management Committees and hospitals generally, with general practitioners and with voluntary bodies, have been close and cordial. I am completely satisfied that this aspect of our work is important, and that it must never be neglected.

As an instance of what is being done, it might be noted that the Area Health Staff is represented on the Executive Committee of the North Middlesex Division of the British Medical Association, the Liaison Committee set up by the same Division, the Northern Group Medical Advisory Committee, various Old People's Welfare Committees, local Social Service Councils, and the Executive Committee of the Southgate Physiotherapy Association. The fact that I am Medical Officer of Health for three of the constituent districts making up Area No. 2, and that the Deputy Area Medical Officer is my Deputy in two of these districts, is also of the greatest value.

The Committee will remember that an attempt was made during 1953 to interest general practitioners and head teachers in the work of our clinics, by inviting them to " Open Days " at each clinic. The venture was successful, and it is hoped that it will be repeated during 1954.

Opportunity is taken from time to time to communicate with general practitioners and also with schools, so that matters which seem to call for attention can be brought to their notice. This has become a regular feature of our work and is, I believe, appreciated by the recipients.

INVESTIGATION AND RESEARCH

Although it is not always easy for a fully-occupied staff to carry out research, it is highly desirable that this should be done. We have therefore tried to follow such lines of investigation as lie within our power, and will continue to do so.

All children attending for birthday examination at the welfare centres are given a tuberculin jelly test. These tests are also applied on children before admission to the Day Nursery. After consultation with the Chest Physician at the Finchley Chest Clinic, we have agreed to extend the scheme still further, to include school entrants and school leavers attending certain of our schools. This work gives us valuable information relating to tuberculosis, and allows us to refer cases to the Chest Clinic for further investigation.

We were privileged to take part in an investigation relating to the pre-menstrual syndrome, carried out by a general practitioner in conjunction with a hospital medical officer. This investigation has recently been published and won the Charles Oliver Hawthorne Award of the British Medical Association. We now hope to co-operate with the same general practitioner in a further study relating to the treatment of toxaemia of pregnancy. This is an extension of the previous work and will, it is hoped, produce significant results which should materially advance our knowledge of the cause and treatment of this distressing and serious phenomenon.

Although, as I have already indicated, work under the School Health Service does not properly come within the scope of this report, it might be noted that we co-operated with the Medical Research Council in two schemes of research. One was designed to investigate haemoglobin levels in the blood, with particular regard to seasonal and other variations. The second investigation, which is still proceeding, relates to the possible efficacy of B.C.G. inoculation of school leavers. We were also able to assist in arranging a visit of Mass Radiography Units to Southgate, Wood Green and Friern Barnet and, for the first time, were permitted to include the examination of school leavers. Our work also involves the carrying out from time to time of investigations which are requested for County purposes, and also on behalf of the Ministry of Health and other authorities.

As I have already stated, we are not ideally equipped to undertake research on a large scale. None the less, this branch of our work is so important that we feel more than justified in devoting such time as is available to its pursuit.

ADDITIONAL DUTIES

In addition to the work set out in the foregoing paragraphs we carry out inspections of nursing homes, welfare establishments and children's homes in the Area. We are also responsible for duties under the Nurseries and Child Minders Regulation Act.

Considerable work is done in regard to the medical assessment of County staff appointed to or resident in Area No. 2, together with the medical examination and assessment of Student Teachers, prior to their entry to training colleges.

We are also responsible for assessing the needs of persons of all ages applying for admission to holiday homes.

So far as these duties are concerned, it may be stated that the Area staff is acting more or less directly on behalf of the County Medical Officer.

CONCLUSION

I would once again stress that this report merely tries to supply a composite picture of the work carried out in the Area during 1953. I would conclude by paying tribute to the Area Staff generally for their unfailing loyalty and sense of duty. I would also most sincrely thank the Chairman and Members of the Area Health Committee for their continuous courtesy and support, which have been of the very greatest help to me in my work.

Finally, I would take this opportunity of expressing my keen appreciation of the generous assistance provided by Dr. Perkins and his staff at head office, together with the equally valuable advice and assistance supplied by all other departments of the County Council.

EXTRACTS FROM THE REPORT OF THE AREA MEDICAL OFFICER, DR. G. HAMILTON HOGBEN, HEALTH AREA No. 3

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

Care of the Expectant Mother

The supervision and care of the expectant mother in this district is a comprehensive service provided in local centres and is designed to ensure that each mother is fit and equal to contend with her confinement as a normal function of her family life.

Difficulties and disorders are dealt with as soon as possible so as to avoid unnecessary strain and anxiety.

Arrangements are made for regular examination (more frequently towards the end of the pregnancy) to ensure the physical well-being of the mother and child.

The Service also provides means for securing a hospital bed or the services of a domiciliary midwife as required. Arrangement for either of these is made during the mother's attendance at the ante-natal clinic and so save her time and travelling.

Special transport is arranged for those who have some disability which prevents them from travelling by ordinary means.

We welcome the practice of some general medical practitioners who send their patients to these clinics for examinations and other services.

The average attendance at ante-natal clinics continued the decline that was noted in the annual report for 1952. In spite of this progressive decline, it is apparent, from the most recently published statistics, that this Area does not compare unfavourably with other parts of the County.

The North East Metropolitan Regional Hospital Board has continued to provide consultant obstetricians at the Tottenham clinics, and, as from 2nd December, 1953, appointed Miss Margaret Salmond, M.B.E., M.D., F.R.C.S., F.R.C.O.G., to undertake two sessions a week at the Park Lane Medical Centre.

Midwives Ante-natal Clinics

At the beginning of the year a separate midwife's clinic was started at the Mildura Court Centre.

Blood Tests

At three of the ante-natal clinics the mothers attending have their blood tested for haemoglobin as anaemia in an expectant mother is a serious disability for both mother and child. The mother is tested on her first visit and thereafter as often as may be required. In this way the state of her blood is kept under review and where iron deficiency is found, iron in the most suitable form for the patient is given.

During the year the following results were obtained:—

Centre.	No. of women attended.	No. of tests made.	Results obtained	
			Percentage Haemoglobin.	Percentage of women attended.
Church Road	195	276	90–100	1·5
The Chestnuts	509	1,377	85–90	13·0
Lordship Lane	346	968	75–85	70·0
			60–75	14·0
Totals	1,050	2,621	50–60	1·5

In addition to haemoglobin estimation all expectant mothers attending ante-natal clinics have a specimen of blood taken for Wasserman reaction, blood grouping and determination of Rhesus factor.

Mothercraft Classes and Relaxation Exercises

These classes have been extended to include another Hornsey centre, making seven in the Area at which these services are given. Many letters of appreciation have been received from mothers who have received instruction from the health visitors who carry out this educative work.

Post-natal Care

A post-natal appointment for examination is given to each mother who has received ante-natal care at the local centre. These appointments are the occasions on which the mother is informed of her physical condition following confinement and of what treatment should be undertaken in certain cases to ensure her return to full health.

Child Welfare and School Health Services Centres

The following twelve centres serve the needs of the Area:—

Lordship Lane, N.17.
Park Lane, N.17.
The Chestnuts, St. Anns Road, N.15.
Cornwall Road, N.15
At rear of Hornsey Town Hall, N.8.
Burgoyne Road, N.4.
Church Road, Highgate, N.6.
162, Stroud Green Road, N.4.
Mildura Court, N.8.
Fortis Green, N.10.
At rear of Tottenham Town Hall, N.15.
41, Coldfall Avenue, N.10.

Infants and young children attend following the health visitor's initial visit to the home following the notification of birth. Supervision of physical and mental health is given by health visitors. Medical officers experienced in child care attend on a sessional basis. Behaviour problems, feeding and other matters are attended to in reasonable privacy and arrangements are made for immunisation and vaccination to be carried out.

Toddler Sessions are now operating in all Welfare Centres in the Area.

The periodic examination of children in the 2–5 age group ensures that children who are not otherwise regularly examined receive a medical overhaul. By this means defects are detected early and arrangements made for correction or treatment. Signs of maladjustments are discussed with the parents in order to restore the child to a mental and physical condition of well-being.

All the children attending the Toddler clinic at Mildura Court have been tested with tuberculin jelly.

Out of 322 children, two had been infected with tubercle.

The source of infection of these two children was traced to a person who was already under treatment at the Chest Clinic.

This small survey shows a very satisfactory state as far as tuberculosis in young children can be assessed.

		February 1st, 1952, to January 31st, 1953.					February 1st, 1953, to January 31st, 1954.					
		Under 2	2–3	3–4	4–5	Over 5	Total.	Under 2	2–3	3–4	4–5	Over 5	Total.
Boys.	Negative	19	58	51	53	3	184	11	53	58	36	2	160
	Positive	0	1	1	1	0	3	0	1	0	0	0	1
	Defaulters	0	4	0	2	0	6	1	4	1	2	0	8
	Totals ...	19	63	52	56	3	193	12	58	59	38	2	169
Girls.	Negative	10	67	48	48	5	178	16	49	55	29	1	149
	Positive	0	1	2	0	0	3	0	0	1	0	0	1
	Defaulters	0	0	0	0	0	0	0	1	1	1	0	3
	Totals ...	10	68	50	48	5	181	16	50	57	30	1	153

Daily Guardian Scheme

This scheme has been operating in this Area for six years and has provided a very useful service for parents who are in need of assistance in finding a daily minder for one or two children under five years of age.

Certain safeguards for the protection of the children are imposed on Guardians undertaking this work. Health visitors are responsible for the approval of Guardians for registration and for visiting children in their care.

In order that both parents and Daily Guardians shall be aware of their responsibilities under the scheme, written information is given to each so that they are mutually aware of their obligations. At the end of 1953 there were 133 daily guardians on the register of whom 68 were minding 79 children. The number of individual children minded during the year was 174 and they were in the care of guardians for 17,559 days. These figures compare with 148 and 18,876 respectively for 1952.

Priority Dental Service

During the year the dental officers were able to devote approximately 15 per cent. of their time to the priority dental service. This is an improvement over previous years. With the development of the dental service the percentage should rise to 20 per cent. which is accepted as the proportion of the whole dental service which should be devoted to the priority classes, *i.e.*, expectant and nursing mothers and children under five years of age. A new dental clinic was completed at the end of the year and we were fortunate in obtaining the services of a newly qualified dental officer for it. A second new dental clinic has since been completed, but at the time of writing this report the services of another dental officer have not been obtained.

Chiropody Service

This useful medical auxiliary service has been continued for the priority classes of mothers.

A chiropody service for aged persons is conducted on school health service premises at Lordship Lane by arrangement with the Tottenham Old People's Welfare Committee. It is known, however, that there is a long waiting list and once against the Committee's attention is drawn to the apparent need for expansion of this worth-while service.

MIDWIFERY SERVICE (SECTION 23)

The number of home confinements shows a slight increase over 1952, but the expected increase in bookings due to the larger financial benefits now available has not yet developed. As from 26th October, 1953, maternity cash benefits were increased and changes were made in the conditions under which they are paid, with the object of encouraging mothers to have their babies at home instead of in hospital.

One midwife retired during the year and this reduced the number employed in the Area to twelve. Seven midwives are teachers of district midwifery approved by the Central Midwives Board. During the year nineteen pupil midwives were given the three months' training required before taking their examinations.

Relief of pain in childbirth has received much attention. All the midwives are conscious of their responsibility in this matter, and with the new drugs and gas and air analgesia the results have been good. With more knowledge of the mind of the expectant mother greater care is taken to help her to get the right psychological approach to her confinement. With this end in view the mothercraft classes teach simple breathing exercises, relaxation, and the use of the gas and air apparatus, all of which contribute to the relief of pain.

Co-operation with other branches of the health service is good, especially with the general practitioners and the ambulance service. There is a free interchange of information between the midwives and health visitors.

HEALTH VISITING (SECTION 24)

The health visitor/school nurse is the all-purpose medico-social worker who visits the family in health and sickness but her main duty is to advise and help all persons on her district to promote and maintain good health, to prevent mental and physical disorders and anxieties which often precede breakdown. She plays a useful part in after-care by visiting the home prior to a patient's return from hospital (when this is known) to make arrangements for reception and home-care. Her work in advising parents on the feeding and care of children in Infant Welfare Centres is well known as are her duties in the ante-natal clinics and school health service.

The health visitor as the family confidante visits all the homes on her district and this is still the most important part of her work.

Practical training of health visitor students in home visiting, duties in the centres, health education, writing of reports, maintenance of records, has been given to students from Middlesex, Battersea Polytechnic and the Royal College of Nursing. The shortage of health visiting staff and the increasing demand for her services is a matter of some concern and on this account more selective visiting has taken the place of routine visiting and other measures have been taken to relieve the health visitor of some clerical work. Some school nursing duties have also been delegated to school and clinic nurses.

Co-operation with General Medical Practitioners

The extent to which co-operation between general practitioners and health visitors exists varies considerably but full co-operation can only be achieved by goodwill on both sides. This is developing in this Area.

A circular letter and map showing the position of local clinics was sent to each general practitioner giving the address and telephone number of the health visitor of the district and the time that she is available to receive calls.

Suggestions were also made as to the means by which health visitors can assist general practitioners.

Discussions have also taken place at the Liaison Committee of the local branch of the British Medical Association.

Co-operation with hospitals

There is excellent co-operation between the Area Health Department and neighbouring hospitals and their personnel. A health visitor regularly attends the paediatric department of the Prince

of Wales's Hospital and has personal contacts with consultants and almoners so that there is free exchange of information between the hospital and health visiting services. Information and enquiries are also received daily by telephone concerning patients living in this Area from hospitals further afield and 248 written health visitors reports were sent out to these and other bodies during the year.

Health Education

A very important part of the health visitor/school nurses's work is teaching parentcraft and home-making to individuals in their own homes, at welfare centres and schools.

Class teaching in schools (particularly secondary modern girls' schools) in the Area has increased during the last few years and in 1953 no less than one hundred talks were given. The aim is that as many girls as possible shall receive a course of lectures, discussions and demonstrations on mothercraft before they leave school. A few of the talks were given to mixed school audiences on common health problems.

Several members of the health visiting staff also gave talks to such local organisations as Old People's Welfare Associations, the Women's Branch of the British Legion, British Red Cross Society, Girls' Life Brigade, Church Societies, Student Nursery Nurses and the Training Home for Women Delinquents.

Lectures to Student Nurses at the Prince of Wales's General Hospital

The General Nursing Council's revised syllabus of training requires a study of social and preventive medicine to fit the nurse in training for her place in the National Health Service.

During 1953 four lectures were given by the Superintendent Health Visitor in this connection at the request of the Prince of Wales's Hospital. To satisfy a later request two lectures were given to Ward Sisters, and one other to nurses in the Preliminary Training School.

Surveys and Rescarches

Health visitors have assisted government departments, national bodies, health and education authorities by undertaking special investigations for the following purposes:—

Enquiry into Public Opinion on Health (T.B.).
Ministry Enquiry into Virus Infection.
Enquiry into Prematurity and Neo-natal Deaths.
National Survey on the Health and Development of Children.
Tuberculosis Vaccine Trials.

HOME NURSING (SECTION 25)

The home nursing service has continued on the same lines as in previous years. The winter of 1953 was very mild with few fogs and as a consequence the service did not encounter the overwhelming demand which usually occurs during November and December.

General practitioners and hospitals use the service very fully. The number of requests for the administration of antibiotics increases year by year. A Ministry of Health circular has laid down the method to be used when administering streptomycin on account of the tendency of staff to develop a reaction after handling the drug, usually in the form of dermatitis. No nurse has suffered any reaction in this Area.

Another aspect of the home nursing service which is becoming more familiar is the nursing at home of the elderly ill patient who for one reason or another cannot be admitted to hospital. These patients are a constant source of anxiety as they are often in a very neglected state and living alone, and all the resources of the service do not seem adequately to meet their needs.

Very full use is made of the services of the British Red Cross Society and the Old People's Welfare Committees and all requests are met with promptness and courtesy.

VACCINATION AND IMMUNISATION (SECTION 26)

Vaccination

The scheme to provide for the vaccination of infants by medical officers at the centres has produced dramatic results and a better percentage of infant vaccination was achieved last year than when vaccination was compulsory. In 1947 the percentage of vaccinated children under 1 year of age was 41 per cent. In 1949 the figure had fallen to 18 per cent. and last year the percentage for the Area was no less than 51 per cent. This indicates that the intensive education of parents on the importance of vaccination, which has been a routine function of the medical and nursing staff of the area health service, is bearing fruit and is greatly aided by the facilities now available at the clinics.

Immunisation against Diphtheria and Whooping Cough

As mentioned in my last annual report it was decided towards the end of 1952 that general use should be made of the new combined diphtheria pertussis vaccine in preference to the previous policy of providing immunisation against diphtheria and whooping cough in two separate courses of injections. The new vaccine has the advantage of reducing the number of injections required from five or six to only three.

The success of previous efforts to secure that all children were immunised against diphtheria can be measured by the fact that this disease has been virtually eliminated, but as was pointed out by the Minister of Health early in 1953 the continuance of this happy state of affairs is conditional upon the maintenance of an adequate level of immunisation. To ensure that this is done the Minister suggested that the aim of all authorities should be to secure that at least 75 per cent. of babies are immunised *before the end of the first year of life.*

In order to achieve this it was considered necessary in May 1953 to implement a new policy in the Area with the intention of combatting any tendency on the part of parents to the complacent attitude that it was no longer necessary to have their children immunised against diphtheria.

The following is the outline of the scheme which was then put into operation and which is continuing in use.

Primary Immunisation

1. Doctors and health visitors are asked to make a particular point of enquiring of all mothers attending welfare centres whether their children have been immunised, and as more than 85 per cent. of children born attend in their first year of life, the aim must be to secure the immunisation of most of this number.

2. Immunisation sessions are held at least monthly at all welfare centres (twice a month at the larger ones).

3. Immunisation sessions are on an appointment basis, although no child who attends without an appointment is refused immunisation. The appointment system has been devised to operate as follows:—

(*a*) Appointments to commence a course of injections are sent out by reference to the birth register as soon as a child reaches the age of six months.

(*b*) Non-attenders are given a second appointment.

(*c*) Failure to attend at the second opportunity is followed up by the health visitor.

(*d*) Children who do not return for second or third injections are sent further appointments and followed up by the health visitor to ensure completion of the course.

(*e*) All completed courses are noted against the child's name in the birth register and if there is no entry by the time a child is a year old the name is notified to the health visitor for further follow-up.

4. Graphs and statistics are prepared at regular intervals and widely distributed to foster a spirit of competition between different centres and health visitors.

Boosting Injections

1. The aim is to secure that all children receive a boosting injection in their first year at a primary school. Letters to parents of all new entrants are distributed through the schools.

2. When the necessary consents have been received in response to these letters, sessions are arranged at the schools when a doctor attends to carry out all immunisations necessary.

It became apparent during the year, from information supplied by health visitors, that a number of children were leaving the Area before reaching the age of six months. As this factor, if significant, would tend to explain the difficulty in achieving the Ministry of Health target of 75 per cent. immunised children under one year of age, a fuller investigation was carried out. It was found that for the Area as a whole approximately 10 per cent. of the children born between October 1952 and July 1953 moved out of the Area before they were six months old. The health visitor's district served by the Fortis Green Centre showed the greatest number of such removals, no less than 20 per cent. of such children having left the district. This migration is compensated to some extent, by movements into the Area. Some of these children are notified to us by the health authorities in whose areas they previously resided, while others are taken by their mothers to the infant welfare centres or are found by the health visitors on their districts. There is no guarantee, however, that every unimmunised baby who comes to live in the Area is brought within the ambit of the above scheme, and to that extent the attainable immunisation percentage is reduced.

410 more children were primarily immunised and 1,258 more received reinforcing injections than in 1952.

PREVENTION OF ILLNESS, CARE AND AFTER CARE (SECTION 28)

Recuperative Holiday Homes

During the year area health staffs continued to be responsible, on behalf of the County Health Department, for dealing with applications for admission to recuperative holiday homes.

The following table shows the cases dealt with during the year:—

	Applications received.	*Admissions recommended.*
Adults	312	216
Children	17	13
	329	229

DOMESTIC HELP SERVICE (SECTION 29)

The number of new cases provided with help during the year was 742 compared with 638 in 1952. The number of old cases for which help was continued from 1952 totalled 520 as compared with 605 for the previous year. The total number of cases, old and new, provided with help during the year was almost the same as the total for 1952. The number of cases being provided with help at the end of the year, however, indicates that the demand for the service is likely to increase in future.

PUBLICATIONS BY MEMBERS OF THE STAFF

The Health Service offers many opportunities of carrying out original research, and reference has been made in these reports from time to time to instances where the County Council has offered assistance and co-operation to such organisations as the Medical Research Council in investigations carried out by them.

In addition to this, a number of the Council's own medical officers have independently carried out very useful pieces of individual research.

Brief summaries of two articles describing original researches of this nature are here set out with acknowledgements to the publication in which they appeared.

SOME OBSERVATIONS ON BIRTH WEIGHTS

By A. Anderson, M.D., D.P.H.,

Area Medical Officer, Area No. 9

(*The Medical Officer*, 10*th January*, 1953)

The birth weight (as recorded on birth notifications) of 7,412 children, born of Heston and Isleworth mothers during 1945–49 were investigated. In regard to mean weight, incidence of multiple births and prematurity, influence of social condition of mother on birth weight and the relationship of birth weight to the age and parity of the mother, the results correspond closely with those of other observers in this country. A study of the height and weight of 1,470 school entrants in relation to their birth weight supported the view that the subsequent physical development of children is related to their birth weight.

THE VALUE OF MIXED DIPHTHERIA PERTUSSIS ANTIGENS

By H. Binysh, M.D. (Hyg.), D.P.H., D.T.M. & H.,

Senior Assistant Medical Officer, Area No. 7

(*The Medical Officer*, 23*rd April*, 1954)

1. A comparison is made of the amount of reaction and the Schick conversion rates of a group of 196 children who received Glaxo combined diphtheria/pertussis vaccine containing aluminium phosphate and two groups of children (202 and 135) who received subcutaneous inoculations of a combined alum-free vaccine. The second batch of alum-free vaccine had been modified by reduction of the bacterial content.

2. A combined vaccine has the advantage of requiring only three inoculations as against five if the separate vaccines are employed. The combined technique is more likely to be completed and is more popular with mothers.

3. The alum-free vaccine can be used subcutaneously to minimise muscle trauma and reduce the risk of activation of poliomyelitis virus.

4. The amount of general upset was similar in the alum-containing and first batch of alum-free vaccine—but was reduced in the second batch of alum-free vaccine.

5. There is considerably more local erythema and bruising around the inoculation site in the case of a subcutaneous vaccine as compared to the intramuscular route used for the alum-containing vaccine—but with the second batch of alum-free subcutaneous vaccine the local reactions although fairly numerous were faint and transient in nature.

6. Alum-containing vaccines often produce tissue necrosis at the site of inoculation. Lumps may form about one week after inoculation—the centres of which break down to form sterile abscesses. These lumps were three times as frequent with alum-containing vaccines as with alum-free vaccine. Five abscesses were found during the trial in 196 children who received alum-containing vaccine—but no abscess was present in 337 children inoculated with alum-free vaccine.

7. Subcutaneous injections produce local bruising in about 25 per cent. of children, but such bruises are usually under 20 mm. in diameter and do not give rise to alarm in the parents.

8. Fibroid nodules at the injection site may be found for several years after inoculation with a combined vaccine. Such nodules are easily palpable using a subcutaneous vaccine and were found in 51 per cent. of cases—but with the second batch there was a marked reduction paralleling the decrease in local tissue reaction.

9. The Schick conversion rate three months after the third inoculation was 99 per cent. in each group.

In 34 blood estimations the diphtheria antibody level was satisfactory in every case and ranged from 0·12 units per ml. to 7·16 units.

Haemophilus pertussis agglutination tests were carried out on 22 blood specimens, two had a titre less than 1/16, three were 1/16–1/32 and 17 were ranged in titre from 1/64–1/1056, so at least 77 per cent. could be said to have a satisfactory antibody response.

10. It is suggested that an alum-free mixed diphtheria/pertussis antigen is as satisfactory an immunising agent as the aluminium-phosphate-containing vaccine.

The alum-free vaccine may be used subcutaneously to lessen the risk of muscle necrosis and it appears to carry a lessened risk of formation of sterile abscesses.

In addition to the above, mention should also be made of the investigation into the foot conditions of Ealing school children by Dr. Doris Craigmile, Assistant Medical Officer, Area No. 7. Details of her work appear in the report of the Principal School Medical Officer for 1953.

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